



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

---

### March 2023 Town Hall Presentation Transcript

#### Speakers

Jane Chaine, MSN, RN, CNN, RD  
Communications Director, EOCT

Danielle Leffler, MS  
Project Manager, EOCT

**March 23, 2023**  
**2:00 p.m. Eastern Time (ET)**

**DISCLAIMER:** This presentation document was current at the time of publication and/or upload onto the MyCROWNWeb.org website. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents. This document has been edited for grammar.

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

---

**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, or EOCT. I will serve as your host for today's presentation.

Today's presentation is streaming audio through your computer on the GoTo 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 Questions 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 illustrated on this slide. If you are hearing an echo, it is likely caused by multiple browsers open for this event; look at 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 Questions feature on your screen. When submitting a question, please type your question in the Ask the Staff a Question section and click on Send. 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 provided on this slide, and your question will be answered within 10 business days.

Another available feature is the Handouts feature that you see displayed on your screen. Here you can download webinar Frequently Asked Questions and event materials. The event FAQs includes today's dial-in number, should you need audio through a telephone line; a link for closed captioning, where you can obtain materials from today's presentation; and more. Please note, today's event materials, including the recording and slides, are available on the Events page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org).

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

---

I would like to remind everyone that the information presented today is for reference only and does not constitute Centers for Medicare & Medicaid Services, or CMS, guidance. The audience is encouraged to refer to the final rules that are published in the *Federal Register* website.

Here is today's agenda. The first agenda topic is the ESRD Quality Reporting System, better known as EQRS, updates, followed by ESRD data reporting deadlines. Next, Danielle Leffler, one of our ESRD QIP subject-matter experts, along with myself will be reviewing the new COVID-19 Healthcare Personnel, or HCP, vaccination reporting measure. We will discuss measure scoring and reporting requirements and how and where to report COVID-19 HCP vaccination data. Then, I will review the ESRD Quality Incentive Program, or QIP, final reports, followed by the last topic, which is the CMS-2744 Annual ESRD Facility Survey. The presentation will close with Frequently Asked Questions, or FAQs, that pertain to today's event topics. Lastly, Matthew McDonough, one of our subject-matter experts on the line, will assist with answering questions from the audience. At the end of the presentation, I will provide additional resources to reference related to the content covered in today's presentation. We have a lot to cover, so let's get started.

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

Let's jump into our first topic, EQRS Updates.

Earlier this year, CMS added two new user roles to EQRS. These include the Corporation, or Corporate, role and the Transplant role. The Corporate user can access all facilities within their organization. They can view and edit data just like the facility point of contact and can search for any facilities within their organization. The Corporate user also has the ability to edit CMS-2744 forms and facility personnel. In February, the Transplant role was added in EQRS. This role allows transplant facilities to have nationwide access to all dialysis facility patients and allows the user to add and edit patients admitted to their transplant facility. The transplant user can also view and print CMS-2728 forms.

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

---

This new role will help transplant facilities track and monitor their waitlisted patients and enter information and forms in EQRS without network assistance. Just like the other EQRS roles, access is requested in EQRS on the Manage Access screen under the Request Access tab.

Here, you can see additional EQRS Transplant role resources that are available on the Education page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org) or by clicking the links provided on this slide.

Next, I will discuss the EQRS data submission deadlines for 2023.

The table you see here lists the EQRS Clinical Data Submission Deadlines for the first half of the 2023 calendar year. As you can see from the table, the January 2023 EQRS Clinical Data submission deadline is quickly approaching and is Friday, March 31, 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 that 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 and includes reporting for laboratory values, hospitalization and infection, some medication information, and more.

This table is a continuation of the EQRS Clinical Data Submission Deadlines and displays the deadlines for the remainder of the 2023 calendar year.

Now, let’s review the deadline for the 2023 EQRS Clinical Depression Screening and Follow-Up reporting. The 2023 assessment reporting period opens on January 1 and remains open through the duration of the entire year AND through the end of February of the following year. For instance, facilities could begin submitting Clinical Depression and Follow-Up data for the 2023 assessment period as early as January 2023 and have until the end of February 2024 to complete this reporting.

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

---

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 of the following year. For more information on the Clinical Depression Screening and Follow-Up and reporting exclusions, please refer to the ESRD Technical Measure Specifications document that is available on the CMS.gov website and linked on this slide.

Now, let's look at the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, or ICH CHAPS, facility attestation submission deadline. 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 2023 attestations will open for submission on January 1, 2024, and will remain open until the last day in February 2024. This gives 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 are not exempt and are required to administer the ICH CAHPS Survey. For more information on the ICH CAHPS Survey measure, including exclusions, again, you can refer the ESRD Technical Measure Specifications document available from the CMS.gov website listed on this slide.

Here, are additional resources to reference for EQRS reporting requirements and information. These resources and more are available on the home page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org).

Now that we have covered the EQRS reporting deadlines, let's discuss the National Healthcare Safety Network, or NHSN, reporting deadlines.

Here, you see the NHSN data submission deadlines for 2023 ESRD data. This includes dialysis events, bloodstream infections, and, lastly, COVID-19 Healthcare Personnel, or HCP, vaccination. Dialysis facilities have approximately three months to enter their quarterly data, and, as you can see from this table, the first quarter of data for the 2023 January, February, and March reporting months is due by June 30, 2023, at 11:59 p.m. PT.

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

---

Please note that if a deadline falls on a weekend or holiday it will be moved to the next federal business day.

Let's take a deeper dive into the NHSN COVID-19 Vaccination Coverage among Healthcare Personnel reporting measure. In this next section, I will provide an overview of the measure and discuss the ESRD QIP [Reporting] Measure domain, weight, and scoring for this measure. The NHSN COVID-19 HCP vaccination reporting deadlines and requirements will also be discussed. Then, I will hand it off to Danielle Leffler, one of our ESRD QIP subject-matter experts to close with how to report the COVID-19 HCP vaccination data to NHSN.

Beginning in calendar year 2023 for payment year 2025, CMS added the NHSN COVID-19 Vaccination Coverage among Healthcare Personnel, or HCP, measure to the ESRD QIP Reporting Measure domain. This is unique for two reasons. The first is that COVID HCP vaccination is a new measure starting in payment year 2025. Second, the measure has been added to the Reporting Measure domain. This is a new domain starting in payment year 2025. Please note that the performance period for payment year 2025 is calendar year 2023, our current year. The new COVID-19 vaccination measure evaluates the percentage of a facility's healthcare workforce that has been vaccinated for COVID-19; however, since this is a reporting measure, the ESRD QIP scoring for this measure is based on the completeness of the data that are reported to the NHSN system.

As specified in the Calendar Year 2023 ESRD QIP Prospective Payment System, or PPS, Final Rule and mentioned on the previous slide, the NHSN COVID-19 vaccination measure is a reporting measure, meaning facilities are scored based on whether they submit the reporting data and meet the reporting requirements for those data. Again, the NHSN COVID-19 HCP vaccination measure is in the ESRD QIP Reporting Measure domain, a new domain beginning in payment year 2025. This domain represents 10 percent of the facilities Total Performance Score, or TPS.

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

---

Next, let's take a closer look at the COVID-19 Vaccination Coverage Among HCP Measure domain, measure weight, and measure scoring.

Here, you'll see an overview of the ESRD QIP measures and domains that will be used to assess facility performance for payment year 2025. As illustrated on this slide, there are 15 measures for evaluating a facility's performance, and each measure is assigned to one of the five ESRD QIP measure domains. Notice that the Reporting domain, indicated by the yellow star, is a new domain starting in payment year 2025 and represents 10 percent of the facility's Total Performance Score. The Reporting Measure domain includes six reporting measures: four existing reporting measures; the Hypercalcemia measure, which was previously in the Clinical Care Measure domain; and the new COVID-19 HCP vaccination measure. Each one of these measures represents 1.67 percent of the Total Performance Score.

Now that we have reviewed the ESRD QIP domain and measure weight for the NHSN COVID-19 HCP vaccination measure, let's discuss the scoring for this measure. Since this is a reporting measure, facilities will be scored on whether they submit the required reporting data by the reporting deadlines for those data. Scoring for the COVID-19 HCP vaccination measure specifically evaluates the percentage of months that the facility reports data to NHSN. Facilities can receive maximum points for this measure by meeting the data submission deadlines and reporting requirements. Therefore, the greater the number of months the facility reports data, the better the facility will score towards the measure and Total Performance Score. Fortunately, facilities can earn partial points for satisfying some of the reporting requirements for this measure.

Let's go into more detail about the scoring for the COVID-19 HCP vaccination measure. Here on the slide is a simple calculation used to score the COVID-19 HCP vaccination measure. The numerator, or the number above the fraction line, is the number of eligible months in the performance period for which the facility successfully reports required data.

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

---

The denominator, or the number below the fraction line, is the number of months the facility is required to report COVID-19 vaccination data for all eligible healthcare personnel in the performance period. Now that the numerator and denominator values have been defined, let's look at a calculation scoring example.

In this example, the facility numerator, or number of months the facility successfully reported COVID-19 HCP vaccination data, is 10 months. The denominator, or number of eligible reporting months, is 12. As you can see here, 10 months is divided by 12 months. This equals .83. Moving to the second calculation step, .83 is multiplied by 12, which equals 10. Then, in Step 3, the last calculation, Step 2, is subtracted from 10, which equals 8. Therefore, in this example, the facility would have received a measure score of 8 for the COVID-19 HCP vaccination measure. Now, if the facility had successfully reported data for all eligible months, or, in other words, successfully reported 12 months of data, then their measure score would be 10. Remember, since this is a reporting measure, facilities will be scored on whether they submit the reporting data and meet the reporting requirements for those data.

Now that you know how the COVID-19 HCP vaccination measure score is calculated, let's review the summary of steps to calculate the Total Performance Score. The first step to calculate the TPS is to take the measure score and multiply it by the measure weight in the domain. In this example, we are using the measure score of 8, which was calculated on the previous slide, and multiply it by the measure weight in the domain. In this case, 16.67 percent, or .1667. The multiplication of 8 times 16.67 percent equals 1.3; therefore, 1.3 points is applied towards the reporting domain. Please note that you would need to do Step 1 for each of the ESRD QIP measures for each domain to calculate the TPS. Moving on to the remaining steps, Step 2 requires adding all of the weighted measure scores within the domain together. You would do this for each of the five domains. Then, in Step 3, the sum of the weighted measure scores is multiplied by 10 to get the domain score. The last step, or Step 4, is to multiply each domain score by the domain weight.



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

---

So, for the Reporting Domain, this would be 10 percent, and this gives the weighted domain score. The weighed domain scores are then added to get the TPS. For more information on the ESRD QIP measures, including the NHSN COVID-19 HCP vaccination measure, please refer to the [CMS ESRD QIP CY 2023 Measure Technical Specifications](#) and the [CMS ESRD Measures Manual for the 2023 Performance Period](#).

Continuing on with the COVID-19 HCP vaccination measure, I will now discuss the reporting requirements and deadlines for this measure.

Dialysis facilities have been submitting COVID-19 data to NHSN prior to this measure going into effect. So, this information may not be new to many of you, but, for those of you new to COVID-19 HCP vaccination reporting, this slide provides an overview of the reporting requirements. This first bullet addresses how data is submitted to the NHSN system. Some facilities may still manually report data. If your facility does report data manually, it is important that the data are submitted in one sitting. Otherwise, the data may be lost if you are interrupted and come back to finish your data entry at a later time. However, the CDC has an NHSN Data Tracking Worksheet for COVID-19 HCP vaccination data that is available on the CDC website. This tool can assist with NHSN COVID-19 HCP vaccination data collection and tracking. This second bullet addresses the reporting frequency. Reporting is required for a least one self-selected week of each month, and the reporting week runs from Monday through Sunday. Lastly, please ensure that the self-selected week reported ends in the month you are intending to report. An example of this will be provided in the next two slides.

As mentioned on the previous slide, the self-selected week being reported to NHSN should end in the month you are intending to report data. For instance, if you report data for the last week in February, this would be Monday, February 27, 2023, through Sunday, March 5, 2023. This reporting will count for March, not February. In order for the data to count for February, you would have to report your data at least one week earlier in the month, so Monday, February 20, through Sunday, February 26.

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

---

This would be the last possible week to report for the data to count towards the month of February.

This is the same example as before and illustrates data reporting for the week of February 27, 2023, through March 5, 2023. Looking at the calendar, the reporting week ends on March 5; therefore, as I said before, the reporting for this week counts for March 2023 data. For facilities that choose to report more than one week per month, the last week of the reporting month will be shared with CMS.

Continuing on, let's look at what is required for data reporting. In order for the NHSN COVID-19 HCP data to be complete, a numerator value must be reported; this is the number of healthcare personnel who were eligible to have worked at the facility for at least one day during the week of the data collection that received COVID-19 vaccines at the facility or anywhere else. I'd like to point out that the CDC currently considers individuals to be up to date on their COVID-19 vaccination status if, an individual received an updated bivalent booster dose or completed their primary vaccination series less than two months ago.

Next, let's define the denominator value. The denominator value is defined as the number of healthcare personnel that were eligible to have worked at the facility for at least one day during the week of data collection. Examples of eligible healthcare personnel include the staff on payroll and independent contractors. These are your nephrologists, physician's assistants, advanced practice nurses. Students and volunteers count, as well. Any contract personnel scheduled to work in the facility for at least one day every week is also considered eligible.

Let's discuss when this data reporting is due. Here you see a table for the 2023 NHSN COVID-19 HCP vaccination quarterly reporting deadlines. As indicated in the table, Quarter 1 2023 data for January, February, and March is due on June 30, 2023, at 11:59 p.m. Pacific Time. These quarterly deadlines should look familiar because they align with the dialysis events and BSI reporting deadlines. Currently, dialysis facilities are given approximately three months to report their data to NHSN.

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

---

Please note that anytime a quarterly deadline is on a weekend or holiday, it will be moved to the next business day. In addition to the ESRD QIP measure score, CMS will also publicly release quarterly COVID-19 vaccination coverage rates for each facility. The quarterly vaccination rate for dialysis facilities will be calculated by averaging the data from the three weekly rates submitted by the facility for that quarter. This calculation includes data from the core HCP categories of employees, licensed independent practitioners, students or trainees, and volunteers who completed a COVID-19 vaccination course. HCP with contraindications to COVID-19 vaccination are excluded from the denominator.

Illustrated here is the calculation used to determine the COVID-19 vaccination coverage rate for all core healthcare personnel. Remember this rate is not tied to the facility's ESRD QIP measure score, but it is the rate that CMS publicly reports on a quarterly basis. As you can see, the calculation takes the cumulative number of total core healthcare personnel that are vaccinated in the facility and divides that number by the number of core healthcare personnel eligible to have worked. This excludes those with contraindications to the vaccination. This is then multiplied by 100 to equal a percentage. Again, this calculation represents the percentage of vaccinated core healthcare personnel in the facility. Let's show an example.

In this example, there are 14 core healthcare personnel that have been vaccinated in the facility, and there are 26 core healthcare personnel eligible to work in the facility. Again, those that are excluded are those with contraindications. In Step 1 of this example, the numerator value of 14 is divided by the denominator value of 26, which equals .54. In Step 2, .54 is converted into a percentage by multiplying it by 100, which equals 54 percent. Therefore, 54 percent of core healthcare personnel have been vaccinated in this facility. For more information on the publicly reported NHSN COVID-19 healthcare personnel vaccination rates and reporting information, refer to the *Operational Guidance for Reporting COVID-19 Vaccination Data to CDC's NHSN for the Purpose of Fulfilling CMS's COVID-19 Vaccination Reporting Requirements*. The document is available on CDC.gov and linked on this slide.

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

---

As discussed previously, each quarter, CMS will publicly report quarterly HCP COVID-19 vaccination rates for each facility. Facilities are given a 30-day preview period before the rates are shared publicly. The table displayed here lists the quarterly preview period dates and the quarterly publicly reported dates. As a reminder, the quarterly vaccination rates will be calculated by averaging the three weekly COVID-19 HCP vaccination rates submitted by the facility for that quarter.

Here are links to resources that you can reference for additional information on NHSN COVID-19 HCP vaccination reporting. These include the *Instructions for Completion of the Weekly Healthcare Personnel COVID-19 Vaccination Cumulative Summary*, the weekly *COVID-19 Vaccination Protocol for Healthcare Personnel*, and the NHSN Weekly HCP COVID-19 Vaccination landing page.

I will now hand the presentation over to my colleague Danielle Leffler to review how to submit COVID-19 healthcare personnel vaccination data to the NHSN system. Danielle, over to you.

**Danielle Leffler:** Thank you, Jane. Hello, everyone. In this section, I will be walking you through data submission for the COVID-19 healthcare personnel vaccination coverage measure in the NHSN system. Let's take a look.

You will begin by logging into the NHSN system at [sams.cdc.gov](https://sams.cdc.gov). Select Login under the SAMS Multi-Factor Login option.

Enter your SAMS user name and password, and select Log In.

From the SAMS landing page, select NHSN Reporting to get into the NHSN system, and enter your data.

This will take you to the NHSN landing page. Select Healthcare Personnel Safety as the component in the first drop-down menu. Select the facility you are reporting data for in the next drop-down menu, and click Submit.

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

---

You will now go to the left-hand navigation bar on the NHSN home page and hover your cursor over Vaccination Summary. Then, select COVID-19 Weekly Vaccination Summary.

You will then see a screen in a calendar format for the vaccination summary data. Remember, you are only required to report data for one self-selected week for each month of the quarter. It is important to make sure the week you select to report ends in the month you are intending to report. For example, the third week in November ends in November, so if you chose this week to report data, the data would be applied to the month of November. However, if you chose the fourth week in November, this week ends in the month of December, so the data for this week would be applied to the month of December.

Once you select the week that you would like to submit data, you will be prompted to enter data for five questions. In short, you will provide data on the healthcare personnel that work at your facility and then, of them, how many received the primary vaccine series, how many had contraindications or other reasons for not receiving COVID-19 vaccines, how many received booster doses, and how many are up to date according to the CDC's most current definition of "up to date." At this time, for HCP to be considered up to date with their COVID-19 vaccinations, they must have received the bivalent booster or received their primary vaccine series within the last two months. It is important to note that the sum of Questions 2 and 3 must equal Question 1. You will receive an error message in NHSN, and you will not be able to submit your data until the data in Question 2 plus the data in Question 3 equals the data you entered in Question 1.

Before we move on, here are a few important reminders regarding your COVID-19 HCP vaccination data submission in NHSN. All data must be entered in one session. If you walk away from your computer in the middle of your submission, the data you entered will not be there when you get back to your computer. We have provided a link to NHSN's Data Tracking Worksheet for COVID-19 Vaccination among Healthcare Personnel on this slide.

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

---

This data tracking worksheet is just a resource and is not required for data submission. If you have a lot of personnel at your facility, it may help with data collection and efficient entry of data in the NHSN system. Red asterisks indicate mandatory fields. You cannot leave any of these fields blank. This means that you will need to enter a 0 if you do not have any personnel that apply to a particular field. Again, remember, the sum of Questions 2 and 3 must equal Question 1. You will receive an error message, and you will not be able to submit your data until Question 2 plus Question 3 equals Question 1. Be sure to log in to your SAMS account at least every 60 days to keep your account active. Ensure that your one self-selected week per month ends in the month you are intending to report. According to the CDC's current definition of "up to date," healthcare personnel are only considered up to date, and included in Question 5, if they have received the bivalent booster or if they received their primary vaccine series within the last two months. Finally, don't forget that your first submission deadline for this measure is for the first reporting period and is due in NHSN by June 30, 2023.

To stay current with NHSN and other CDC news and updates, subscribe to email updates by clicking the link on this slide. Enter your email address in the Get Email Updates box, and click Submit. If you ever need support with data entry in NHSN, contact the NHSN Help Desk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov). To stay current with updates on this measure and the ESRD QIP program, be sure that you subscribe to email updates by going to [QualityNet.cms.gov](https://QualityNet.cms.gov) and clicking the Subscribe to Email Updates button. Enter your name and email address and then select the ESRD QIP Notify option. At [QualityNet.cms.gov](https://QualityNet.cms.gov), you can also ask a question using the Quality Net Q&A Tool by clicking Help in the upper right-hand corner. Then, select Ask a Question. Finally, you can access all quality information associated with the ESRD QIP program by clicking on the ESRD Facilities box.

That's all for me. At this time, I will turn it over to Jane for an overview of Final PSRs and PSCs.

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

---

**Jane Chaine:** Thank you, Danielle. Moving on to the next agenda topic: ESRD QIP payment year 2023 Final Performance Score Reports, or PSRs, and Performance Score Certificates, or PSCs, overview. As most of you know, the payment year PSRs and PSCs became available to facilities in February of this year. In this next section, I will discuss some information that is unique to the PSCs and PSRs for payment year 2023, as well as provide a quick tutorial on how to access these documents.

As of February 10, 2023, the payment year 2023 ESRD QIP reports and Performance Score Certifications have been available in EQRS. Authorized facility staff can log into EQRS via the ESRD QIP user interface to access these reports. Should the facility need access to these reports later in the year and beyond, the reports will be available in the ESRD QIP user interface for up to three years.

The Performance Score Report, or PSR, includes details such as facility information, achievement and improvement scores, Total Performance Scores, and more. To avoid measure performance impact from the COVID-19 Public Health Emergency, CMS implemented the following policies for payment year 2023 that you will see reflected in your PSR. These policies include using calendar year 2019 data to calculate payment year 2023 performance standards, which is the most current full calendar year of data. Next, CMS paused seven clinical measures, which I will review in the next slide. Lastly, as a result of the seven paused clinical measures, the minimum Total Performance Score a facility can receive to avoid an ESRD QIP payment penalty for payment year 2023 is 83.

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, or SHR; Standardized Readmission Ratio, or SRR; the ICH CAHPS Survey; Vascular Access measures, including both the Long-Term Catheter Rate and the Standardized Fistula Rate, or SFR; the Percentage of Prevalent Patients Waitlisted, or the PPPW measure; and, lastly, the Kt/V Dialysis Adequacy Comprehensive measure.

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

---

Please note that, on your final PSR, you will notice N/A or Not Applicable displayed in the place of the measure scores for the seven paused measures.

Here, you will see a sample payment year 2023 PSR similar to what yours should look like. The PSR is five pages long and displays facility performance in the four ESRD QIP domains which include Clinical Care, Care Coordination, Safety, and Patient & Family Engagement. This slide shows the first page of the PSR which summarizes the measures in the Clinical Care domain; as mentioned earlier, you will see N/A displayed for your measure scores for the seven paused measures. N/A indicates the value is not applicable to the measure/or measure topic scoring calculation.

The Performance Score Certificate, or PSC is not released until after the preview period and displays the facility's Total Performance Score. Facilities are required to download, print, and post both the English and Spanish versions of the PSC in a prominent patient area within the facility. Payment year 2023 PSCs became available on February 10, 2023; therefore, facilities should have had their PSCs posted by Monday, March 6, 2023. So, if your facility has not done so, please download and print the certificate for posting. The certificate needs to remain posted for the duration of the entire 2023 calendar year.

Here is the sample Performance Score Certificate in English and Spanish. As you can see on this slide, the Total Performance Score is displayed on the certificate. As a reminder, CMS established the minimum total performance score of 83 for payment year 2023.

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

All users with an ESRD QIP role can access the View/Download Reports screen, but these reports are viewable based on the role or roles assigned to the EQRS user. Users can contact the Center for Clinical Standards and Quality, or CCSQ Service Center, to obtain reports that are not listed in the ESRD QIP user interface that should be available to them. Currently, the ESRD QIP user interface has all the final reports available.



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

---

These include the Patient Score Report, or PSR; the Patient List Report, or PLR; the Performance Score Summary Report, or PSSR; and the Performance Score Certificate, or PSC. As mentioned earlier, the PSR includes details regarding your facility's performance in 2021. The Patient List Report lists all the patients whose data are used to calculate a facility's ESRD QIP measure rates. The Performance Score Summary Report includes a summary of the Total Performance Score and measure scores. The Performance Score Certificate indicates the facilities Total Performance Score.

Here is an overview of the different ESRD QIP roles and the corresponding reports that are available for each role. There is the Facility Viewer, Facility Point of Contact, and Corporate Point of Contact. There are additional roles at the network level and the CMS support level, but I will not be discussing those roles today. Looking at this chart, notice that the chart lists the different reports available based on your role. Starting with the Facility Viewer, this role can access the Performance Score Report and Performance Score Certificate only. The Facility Point of Contact can access and download the Patient List Report, the Performance Score Report, and Performance Score Certificate. Lastly, if you are a Corporate point of contact, you have the ability to view and download all reports for facilities within your organization, including the Patient List Report, Performance Score Report, the Performance Score Summary Report, and the Performance Score Certificate. As a reminder, the CCSQ Service Center can be contacted for technical issues with accessing your ESRD QIP reports in EQRS.

Next, let's look at how to view and download reports in the ESRD QIP user interface in EQRS. First, log into EQRS, using your HARP account credentials. Once logged in the EQRS application, click on the QIP Scores link that is located on the top, left side of the screen. Please note, if the QIP Scores link is not displayed, it is likely that you need to click on the orange Change Organization drop-down option in the upper right side of the EQRS screen. Select the QIP application to enable the QIP application.

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

---

Once you click on the QIP Scores link, the screen will refresh. You are then able to navigate to the View and Download Reports section of the application.

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

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

After clicking on the hyperlink for the report or certificate you want to access, the document will automatically download to your computer and display at the bottom of your computer screen. Click on the downloaded report to open and/or save the file. Remember to access EQRS using Google Chrome. The system works best with Chrome. If you are unable to download your report or are having technical issues with accessing your report, contact the CCSQ Service Center regarding technical issues with your reports.

Next, these screenshots are specific to Corporate POCs within the ESRD QIP user interface. The screens are very similar to what is displayed for facility users. Here, you'll see two search options for Corporate POCs.

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

---

The image to the left shows a single facility search, which includes the facility name, payment year, and period. This is how facility-level users also conduct their search. The image to the right shows a Corporate POC performing an organizational-level search. The user checks This is an Organizational-Level Search checkbox at the top, and the system displays additional filter fields, including the Organizational Name, Network, and State. Enter the required fields indicated by a red asterisk to conduct your search.

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

Here are two additional resources that are available on the QualityNet.org website. These resources include the *Guide to the PY 2023 ESRD QIP Performance Score Report* and the *Payment Year 2023 Quick Start Guide*. The quick start guide is also available on the home page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org).

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

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

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

---

This includes patient counts by modality, vocational rehabilitation and patient employment status, patient Medicare coverage, number of staff by position, and more.

Another question you may have is, “Why is this survey necessary to provide to CMS each year?” The primary purpose of collecting 2744 survey information is to conduct important research to assess ESRD trends and to evaluate the medical and social impact of ESRD care on a local, regional and national levels. This next slide breaks down the specific information that is collected on the two types of 2744 forms.

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

This is what the first page of the 2744A form looks like. The form can be downloaded and printed from the CMS.gov website that is listed on this slide. Please note, this is not what you see in EQRS when you are completing the 2744 survey data. I will show you of a screenshot of what you will see in EQRS in just a minute. I would like to emphasize that this slide is just for reference to give a visual of the data that is reported on the CMS 2744 form. Additionally, I would also like to point out that the 2744 form also contains instructions and detailed information about the fields that are included in the survey.

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

---

So, again, this is not what you see in EQRS when you are completing the survey. The link here is for reference purposes, so that you can view the survey instructions and details about the fields contained within the survey.

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

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

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

Last year, CMS added CMS-2744 reports in EQRS to help facilities verify that the auto-populated data on the survey is correct.

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

---

As mentioned earlier, reports were added to the View Facility Form 2744 screen in EQRS; this is the same EQRS screen where the 2744 facility survey data are located. Listed on this slide are the four new data reports, including Patients Receiving Care Beginning of Survey Period, Additions During Survey Period, Losses During Survey Period, and End of Survey Report. The one new transplant report is End of Survey Transplant.

In the next several slides, I will provide step-by-step instructions on how to access these 2744 reports.

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

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

The screen will refresh, and the Manage Form 2744 screen will appear. Enter your selections into the fields. Click on Search once you are ready to find your survey.

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

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

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

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

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

---

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

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

Please refer to the resources on this slide for further guidance about completing your 2744 survey. As a reminder, the CMS-2744 Form that is posted on the CMS.gov website contains detailed information about the data fields included on the survey, as well as survey instructions. Additionally, there is a 2022 CMS-2744 Training Aid that provides detailed steps and instructions on how to complete the survey. That is available on the Education page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org).

Here are some useful contacts. Your local ESRD Network and the Center for Clinical Standards and Quality, or CCSQ, Service Center can provide further assistance, if needed. Contact your ESRD Network if you need assistance with resolving outstanding survey error and/or data discrepancies. To find your local ESRD Network, use the link on this slide.

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

---

The CCSQ Service Center can assist you if you are having technical issues with the survey, such as issues with the survey getting generated in EQRS. The CCSQ Service Center can be reached Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

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

This first question is about the new ESRD QIP NHSN COVID-19 healthcare personnel vaccination measure and asks, "When does the NHSN COVID-19 HCP Vaccination measure go into effect? How will it affect my QIP score?" Well, this new measure was finalized in the calendar year and will go into effect beginning in calendar year 2023, our current year for payment year 2025. The NHSN COVID-19 healthcare personnel measure was added to the ESRD QIP Reporting Measure domain, a new domain as of this year that represents 10 percent of the Total Performance Score. The NHSN COVID-19 healthcare personnel measure is a reporting measure, which means that the greater the number of months for which the facility reports data, the better the facility will score towards the TPS. Additionally, a facility will receive maximum points by meeting the CDC data submission deadlines and reporting requirements.

This next question asks, "What is considered an up-to-date Covid-19 HCP vaccination?" Currently the CDC considers individuals to be up to date with their COVID-19 vaccines if they either received an updated bivalent booster dose or if they completed their COVID-19 primary vaccination series less than two months ago.

This next question is about QIP scores and asks, "What does it mean if the facility did not receive a QIP score?" It could be possible that the facility did not receive a QIP score because the facility was recently certified and was not operational during the performance period. However, for clarification, this question should be submitted to the ESRD QIP Team via the QualityNet Q&A Tool. A link to the Q&A Tool is available here on this slide.



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

---

This next question asks, “What if I think there is an error on my facility’s payment year 2023 ESRD QIP Final PSR? Is there anything that can be done to correct it?” Unfortunately, the answer is no. The payment year 2023 preview period closed on December 14, 2022. Once the preview period closes, facilities can no longer submit inquiries regarding their final PSR. Facilities have approximately 30 days during the preview period to review their preview period reports and to submit any inquiries.

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

This last question asks, “What should I do if I get a warning and/or error message when trying to submit my CMS-2744 survey.” This is a great question. For warning messages, the EQRS user should verify that the counts in the survey are correct. Once verified, a comment should be entered that the counts have been verified. On the other hand, the error messages are a little more complex. For error messages, the users need to identify the cause of the error and correct the patient record or records. After addressing the warning or error message, it is important to regenerate the survey in EQRS to make certain that the warning or error message or message has been resolved. The training aid that is linked here on this slide provides examples and additional detail on how to troubleshoot warning and error messages. Access the 2022 CMS-2744 training aid with the link on this slide or go to the Education page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org).

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

---

At this time, we will take the few remaining minutes to assist with any questions you have about today's presentation.

I am now going to open the line to Mathew McDonough, one of our subject-matter experts, to assist with answering questions. So, let's go ahead and jump into the questions. Matt, I will now turn it over to you.

Thank you, everyone. We truly appreciate you 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](http://www.MyCROWNWeb.org). The following couple of slides provide additional resources should you need further assistance. Also, please take a couple minutes to complete the post-event evaluation. A link to the evaluation is available in the Questions section of your screen, and it will also be available in the post-event email that you will receive shortly.

Here you see a list of additional information related to ESRD QIP, including the ESRD Measures Manual and Technical Specifications.

For additional information, visit our website at [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org), where you can find the Town Hall event slides and recording. For assistance with EQRS technical-related issues, contact the CCSQ Service Center. Also, ESRD QIP and EQRS questions can be submitted via the QualityNet Q&A Tool, which is linked here on this slide. Lastly, a map where you can find your ESRD Network's contact information is also linked here on this slide.

Please take a couple minutes to complete the post-event evaluation. Again, a link to the evaluation is available in the Questions section of your screen and will also be available in the post-event email that you will receive shortly.

On behalf of CMS and our EOCT team, we want to thank you for joining us for today's Town Hall. We hope to see you again soon on another EOCT event. Thank you, and have a great day.