



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

August 2023 Town Hall Presentation Transcript

Speakers

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Jane Chaine: Hello. Welcome, everyone. Thank you for joining today's Town Hall event. My name is Jane Chaine, and I am the Communications Director for the End-Stage Renal Disease, or ESRD, Outreach Communication and Training Team, 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, we have a limited number of phone lines available.

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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. Then, 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.

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

Here is today's agenda. The first agenda topic is the ESRD data reporting deadlines, followed by a few important announcements. We will then provide a training on the ESRD Quality Incentive Program, or QIP, user interface that is accessible through the End Stage Renal Disease Quality Reporting System, or EQRS. We'll then hear from Alissa from Arbor Research, who will provide an overview of the payment year 2024 ESRD QIP preview period reports. Then, she'll wrap up things with an overview of the preview period activities and responsibilities. Finally, we will provide additional resources to assist you and your facility with navigating through the preview period. We will finish today's event with a question-and-answer session with the audience.

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

The first topic that we will cover is the 2023 EQRS and NHSN, or National Healthcare Safety Network, data submission deadlines.

Let's first review the 2023 EQRS data submission deadlines.

The table here lists the EQRS Clinical Data submission deadlines for the remainder of the 2023 calendar year. As you can see from the table, the August 2023 EQRS Clinical Data submission deadline is quickly approaching and is Thursday, August 31, at 11:59 pm 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 Friday, a weekend, or a federal holiday, and, in those cases, the clinical month closes at 11:59 p.m. Pacific Time on the following federal business day.

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EQRS Clinical Data are due monthly for all collection types, including hemodialysis and peritoneal dialysis and includes reporting for laboratory values, some medication information, and more.

Now, let's review the deadline for 2023 EQRS Clinical Depression Screening and Follow Up reporting. The 2023 assessment 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 Screening 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. 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 measure, please refer the ESRD Technical Measure Specifications document that is available on the CMS.gov website and linked here 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 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 of February 2024, giving facilities approximately two months to submit an attestation in EQRS. Please note 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 facility and patient exclusions, refer the ESRD Technical Measure Specifications document available from the CMS.gov website linked 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 of www.MyCROWNWeb.org.

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So now that we have covered the EQRS reporting deadlines, let's briefly review the National Healthcare Safety Network, or NHSN, reporting deadlines.

Here, you see the NHSN data submission deadlines for 2023 ESRD data including dialysis events, bloodstream infections, and COVID-19 Vaccination Among Healthcare Personnel. Dialysis facilities have approximately three months to enter their quarterly data. For instance, looking at this table, notice that the second quarter 2023 data, which includes April, May, and June, is due by October 2, 2023, at 11:59 p.m. PT. Please note that if a deadline falls on a Friday, weekend, or federal holiday, it will be moved to the next federal business day; this applies to both NHSN and EQRS data deadlines.

Now, let's move on to the ESRD Outreach Communication and Training or EOCT announcements.

In the next few slides, I will highlight important ESRD Quality Incentive Program, or QIP, proposals that are presented in the calendar year 2024 ESRD Prospective Payment System, or PPS, proposed rule. On June 30 of this year, CMS published the calendar year 2024 ESRD PPS proposed rule on the *Federal Register* website. Included in the proposed rule, CMS announced their proposed Medicare payment policies and rates for ESRD care for 2024. In this proposed rule, CMS proposes a number of updates to ESRD QIP measures and requirements. CMS is also proposing policies that reflect commitment to achieving equity in healthcare. CMS requests public comment on the proposals presented. This year's public comment period opened on June 30 and will remain open until August 25, 2023, at 11:59 p.m. Eastern Time. Comments are public and can be accessed through the *Federal Register* website. A webinar on the 2024 ESRD PPS proposed rule will be presented by CMS two days from now, on Thursday, August 10, at 2 p.m. ET. A registration link for this presentation is listed on the following slide.

Here is another reminder about the proposed rule public comment period, which is open until August 25 at 11:59 p.m. ET.

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Instructions on how to submit a comment are contained in the proposed rule and will be covered in the upcoming proposed rule webinar that will be presented this Thursday. Comments can be submitted electronically, by email, by regular mail, express, or overnight mail. Also listed here is the registration link for the proposed rule webinar that will be presented by CMS on August 10. Be sure to attend this webinar to learn about new CMS ESRD QIP policy proposals and proposed changes related to the ESRD QIP measures.

Some important highlights from the calendar year 2024 ESRD QIP proposed rule are listed here. In the proposed rule, CMS proposes to remove two ESRD QIP measures beginning in payment year 2026; these measures include the Ultrafiltration Rate, or UFR, reporting measure and the Standardized Fistula Rate, or SFR, clinical measure. CMS is also proposing to update the COVID-19 Vaccination Among Healthcare Personnel reporting measure to align with updated measure specifications developed by the Centers for Disease Control and Prevention, or the CDC, beginning in payment year 2026. Another proposal is to convert the Clinical Depression Screening and Follow Up measure from a reporting measure to a clinical measure and update the scoring methodology to better align with current clinical guidelines for depression screening and follow-up. If finalized, this change would also begin in payment 2026. The last proposals to highlight include three new ESRD QIP measures that reflect CMS commitment to achieving equity in healthcare. The first measure being proposed is the Facility Commitment to Health Equity reporting measure, which would begin in payment year 2026, if finalized. This measure would assess an ESRD facility's commitment to health equity based on responses to five equity-related, attestation-based questions. The next two measure proposals are the Screening for Social Drivers of Health, or the Screening for SDOH measure, and the SDOH Screen Positive Rate measure. If finalized, these two SDOH measures would be added to the ESRD QIP beginning in payment year 2027. That summarizes some of the important ESRD QIP measure proposals included in the calendar year 2024 proposed rule.

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Listed on this slide are additional resources that you can reference for information on the calendar year 2024 ESRD PPS proposed rule. The proposed rule is currently published on the *Federal Register* website and can be accessed by using the link on this slide. The CMS.gov website contains a proposed rule fact sheet, which provides a really nice summary of the proposals according to payment year.

Now, let's transition to ESRD QIP user interface, or UI, training. In the following section, I provide guidance on how to navigate preview period reports and how to submit inquiries you may have about your facility's preview scores and reports. As a reminder, the first day of the preview period started on July 17 and will end on August 17, 2023, 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 UI, 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 user interface users. Please note that the data shown as part of today's training are fictitious. Also, 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, or UI, in EQRS. Starting in 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 and EQRS applications into one environment. 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 UI is to complete the Healthcare Quality Information System Account Roles and Profile, better known as HARP, account registration.

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If you already have a HARP account, you do not need to complete the registration process 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 www.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 UI, then you must submit a request for access.

To submit a request, click Request Access from the navigation menu. Then, click Request Access from the My Access screen.

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

Next, select the application you want. Here, on this screen, we are requesting a facility-level role for the QIP application. Click the Continue button when you are finished making your selections.

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

After selecting the organization and role, click the Add button. The system will then allow you to click the Submit Request button to submit the role request to a facility Security Official for approval.

As noted earlier, roles and the ability to complete tasks within the EQRS QIP UI vary based on a user's level of access. Let's talk about the Facility Point of Contact, or POC role.

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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 to CMS. That is 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 they are not able to submit inquiries to CMS.

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 to CMS, as well as view and download all reports.

Here is a summary of the different EQRS QIP roles and the corresponding reports that are available for each role, including the Facility Viewer, Facility POC, and Corporate POC. The right side of the table lists the different reports that are available based on the QIP role. Also, as a reminder, the CCSQ Service Center contact information is listed here on this slide. The CCSQ Service Center can be contacted for technical issues with accessing your ESRD QIP reports. Their contact information is also listed at the end of these presentation for your convenience.

Moving on, if you want to switch between EQRS and QIP user interfaces, you'll need to click the golden colored Change Organization button to toggle between the two applications. The Change Organization button is in the upper right-hand side of the EQRS screen. Select QIP from the Change Organization drop-down menu to switch to the QIP application within EQRS.

After selecting the QIP application, access the QIP UI by simply clicking on the QIP Scores link that appears in the blue navigation menu at the top of the screen.

The screen will refresh, and the QIP UI will appear and display the Scores and Feedback screen by default. You can toggle to other screens as needed, which include the Preview Period Inquiry screen and the View/Download Reports screen.

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Now, let's go into more detail about the Scores and Feedback screen within the QIP UI.

In the following slides we will go into detail about the Scores and Feedback screen within the QIP UI in EQRS.

All users with a QIP role can access the Scores and Feedback screen. 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 facility's performance. You can access the PSR via the View/Download Reports screen, which I will go over in a few minutes. 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 by conducting a search.

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 credentials. Next, click QIP Scores in the blue navigation menu. After clicking QIP Scores, the screen refreshes, and the Scores and Feedback screen displays by default.

If you are a facility user with access to a small number of facilities in the QIP UI, 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. When 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.

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The Scores and Feedback screen displays details for one facility at a time, and users can view details regarding each of their facilities by clicking the radio button next to the individual facility.

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

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

When you scroll down to the Measure Summary section, you will find a summary of the measures. Payment year 2024 has 14 measures that contribute to a facility's performance.

Let's talk for a bit about how Corporate Points of Contacts will use this screen. Corporate POCs view the same summary overview 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 QIP UI 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 need to first log into EQRS, click QIP Scores from the blue navigation menu at the top of the screen, and select your facility. Remember, all users with a QIP role can access this screen.

Moving on, let's now review the View/Download Reports screen in the QIP environment.

The View/Download Reports screen allows you to view and download 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. Please note though that the PSC is not available during the preview period, but it is expected to become available towards the end of the year.

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All users with a QIP role can access the View/ Download Reports screen, but these reports are viewable based on the EQRS user role and availability.

Users can contact the CCSQ Service Center to obtain reports that are not listed in the QIP user interface that should be available to them. Contact information for the CCSQ Service Center is provided at the end of this presentation.

The Performance Score Report, or PSR, includes details such as facility information, achievement and improvement scores, Total Performance Scores, and more. The Patient List Report, or PLR, lists all the patients whose data are used to calculate a facility's ESRD QIP measure rates. As a reminder, starting in payment year 2024, the Standardized Hospitalization Ratio and Standardized Readmission Ratio clinical measures will be expressed as rates. Expressing these measures results as rates will help providers and facilities better understand a facility's performance on these measures and will also make it easier to track facility performance from year to year. Another important reminder is that the performance standards for payment year 2024 will be calculated using calendar year 2019 data, which is the most recent full calendar year of data. This policy was established to avoid performance impact from the COVID-19 public health emergency and was finalized in the calendar year 2022 ESRD PPS final rule.

All right. Coming back to our reports, the Performance Score Summary Report, or PSSR, includes data such as a facility's achievement and improvement scores for each clinical measure, earned performance scores, the Total Performance Score, and more.

The Performance Score Certificate, or PSC, display's the facility's Total Performance Score. Facilities are required to post the PSC in a prominent location within 15 business days of the PSCs release, but remember, the PSC is not released until after the preview period.

Now let's look at how to view and download reports as a Facility Point of Contact, or POC.

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After logging into EQRS, click QIP Scores in the blue navigation menu. Once the screen refreshes and displays the QIP user interface, click on View/Download Reports.

Remember, if you have access to multiple facilities in the QIP user interface, you may need to use the search option. When using the search option, enter the search criteria. Then, select payment year, the name of the report you'd like to generate, and click Apply Filter.

Now, navigate to the Select Available Reports section. Here, you'll see a list of available reports for the payment year 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 to 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. As a reminder, the contact information for the CCSQ Service Center is listed on a slide at the end 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; N/A in the PSR indicates that a value is not applicable to the measure and the measure topic scoring calculation.

Corporate POCs will follow similar steps as the Facility POCs when viewing scores and downloading reports. For Corporate POCs, additional search fields will appear when conducting search. Corporate-level users have the option to conduct a single facility-level search or conduct an organizational-level search. Selecting an organizational-level search will result in the display of 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.

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The image to the right shows a Corporate POC performing an organizational-level search. Corporate POCs can select: *This is an organizational-level search*. The checkbox is at the top of the screen. Once this checkbox is selected, additional fields will appear, including search fields for Network and State.

To recap, the View/Download Reports screen can be accessed by all users that have a QIP user role, but reports are displayed based on the user's role and availability. To access reports, log in to EQRS, and click the QIP Scores link in the blue navigation menu when the QIP user interface displays. Then, click the View/Download Reports link on the left 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 QIP user interface.

The Preview Period inquiry screen in the QIP user interface 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 incorrect. Points of Contact, or POCs, can submit and reply to as many inquiries as necessary. Additionally, the QIP UI allows POCs 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 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. 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 QIP user interface until that inquiry is marked as Closed. I'll show you how to submit an inquiry in the system in a moment.

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The inquiry 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. There is a CC field to allow the user to inform another person about the inquiry. There is a Subject line and a Message section. Lastly, the inquiry screen also has the option to attach a file. The system will allow you to reply to an existing inquiry if you need to reply to a question from CMS. The ability to submit new inquiries will be disabled once the preview period ends. So, please log in often before the end of the preview period to allow enough time to submit and reply to your inquiries.

As I just mentioned, it is important to submit your inquiries as soon as possible. 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 CMS Certification Number, or CCN, for the facility that you believe to be impacted. Including the CCN or CCNs 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. For questions regarding the National Healthcare Safety Network, or NHSN, please direct your questions to the NHSN Help Desk.

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

On the inquiry screen, the system displays a countdown clock. 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 image, 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 updated, and the status of the inquiry.

To initiate an inquiry, click Create New Inquiry button.

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The QIP UI 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 your inquiry, you can save it as a draft. For a saved inquiry, follow the same steps to create an inquiry; however, instead of clicking the Send button, you'll click the Save As Draft button. 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 find previously submitted inquiries, 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 will refresh and show 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.

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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 inquiries, 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 image here shows the subtle differences in the previously submitted inquiry section when comparing facility-level POCs and Corporate POCs. The information displayed in this section is the same, except that two of the columns have different headers as shown here on this slide. These include Facility/Organization and CCN/Org Code.

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

The QIP UI provides corporate users 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 select: *This is an organizational-level inquiry*. 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 affects the entire organization, then they should select: *This is an organizational-level inquiry*. Once this 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 organizational-level inquiries, which uses the organization name instead of the facility name.

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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, and click QIP Scores in the blue navigation menu. Once the screen refreshes and the QIP user interface appears, click on the Preview Period Inquires link. Then, click Create New Inquiry. As a reminder, you must have a role of Facility POC or Corporate POC to submit and reply to inquiries.

Please stay tuned for additional information on the preview period reports and activities, but first I would like to remind everyone that today's event materials, including the recording and slides, is available on the Events page on www.MyCROWNWeb.org. Additionally, the following couple of slides provides additional resources for use during the preview period.

Materials supporting the ESRD QIP preview period are available via the ESRD QIP page on the QualityNet website. *A Guide to the Payment Year 2024 ESRD QIP Performance Score Report* and the *Payment Year 2024 ESRD QIP Quick Start Guide* are also available on the QualityNet website.

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 2024 ESRD QIP preview period. After Alissa presents, I will be back with additional links to resources. Alissa, I'm going to turn it over to you now.

Alissa Kapke:

Good afternoon, everyone. As Jane 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 2024 preview period information.

In this portion of the presentation, I will provide you with the information and tools that you need to be successful during the preview period.

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Specifically, 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, and Patient List Reports, or PLRs, as well as a summary of preview period activities.

The payment year 2024 preview period began on July 17, 2023, and ends August 17, 2023, at 11:59 p.m. Pacific Time. Preview Performance Score Reports were made available July 17, 2023, via the EQRS website. If you haven't accessed your reports, please confirm your access to EQRS as soon as possible to avoid any delays accessing your reports before the preview period ends. We also recommend that facilities submit any preview inquiries by August 10, 2023, which is 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.

Here, you'll see an overview of the ESRD QIP measures and domains that were used to assess facility performance for payment year 2024. Notice the SHR and SRR measures are marked with a star. This represents the measure results conversion from ratio to rates beginning in this payment year. For payment year 2024, there are four domains including the Clinical Care domain, Care Coordination domain, Safety domain, and the Patient & Family Engagement domain. 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.

This slide demonstrates directionality of the payment year 2024 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, ICH CAHPS, and the Percentage of Prevalent Patients Waitlisted, or PPPW, measure, a higher percentage rate indicates better care. For 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 as shown in the bottom diagram.

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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, measures scores, and payment reduction status are provided in the Preview PSR. Next, the preview period is conducted, which typically runs for 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. Final results are released via the Final PSR and facility Performance Score Certificates, or PSCs, which are both available for download in EQRS within the ESRD QIP UI, once scores are finalized.

As discussed earlier, CMS approved a policy to convert the SHR and SRR clinical measure results from ratios to rates beginning in 2024. CMS also finalized a minimum Total Performance Score of 57 for this payment year. Lastly, as you heard from Jane, the payment year 2024 performance standards were calculated using the calendar year 2019 data. For more details, please refer to the CY 2022 and 2023 ESRD PPS final rule posted to the *Federal Register* website.

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

First, let's talk about the Preview PSR. The PSR contains your facility's individual measure scores. These are results and scores that are based on data submitted for each eligible PY 2024 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, the minimum TPS, which is used to determine the cut point for payment reductions, is 57 for payment year 2024. Also as stated earlier, the 2024 performance standards were calculated using calendar year 2019 data. Additional information about the PSR is contained in the *Guide to the Payment Year 2024 Performance Score Report*, which is available via the QualityNet 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. For Clinical Care measures, including those shown in Table 1 of your PSR, the Improvement and Performance Rates or Ratios and Improvement and Achievement Scores will be displayed if your facility was eligible for the measure. For reporting measures, such as those shown in Table 2, the information used to determine your reporting measure score is displayed. The last column in each table shows the measure weight as a percentage of the individual domain weight.

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 57; ECE months, if applicable; TPS; and payment reduction percentage are displayed. If your facility is not eligible to receive a TPS and payment reduction, N/A will be displayed.

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, or PSSR. Report access 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. 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 also 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, please submit an inquiry with specific patient information for clarification. In your inquiry, you may identify the patient using the Patient ID provided in the report.

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Let's take a look at the sample PLR. As a reminder, 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. This enables you to ensure that you have the correct report by reviewing the facility payment year and measurement period that are displayed.

As you navigate through each tab of the PLR, you will see that the reports include details such as the patient MBI, Patient ID, patient's 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 Preview Performance Score Summary Report, or 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. This report is available to Corporate Point of contacts, CMS, and CMS Support users.

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 Certificates are scheduled to be available late 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 2024. 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 2024 preview period began July 17, 2023. CMS encourages Facility Point of Contacts to establish HARP accounts, if necessary, and update your EQRS roles 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 August 17, 2023, at 11:59 p.m. Pacific Time, or, if you are on the east coast, on August 18, at 2:59 a.m. Eastern Time. In late 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 any patient questions about the publicly posted certificate. I will now turn it back over to Jane to share additional resources pertinent to this presentation. Jane, back to you.

Jane Chaine:

Thank you, Alissa. That was really valuable preview period information that you covered. We are going to switch gears and, in just a few minutes, we are going to start our question-and-answer session. Before we do that, I would like to remind everyone that today's event materials, including the recording and slides, are available on the Events page on www.MyCROWNWeb.org. Also, here you see a list of additional resources related to the ESRD QIP, including the technical measure specifications, a *Guide to the Performance Score Report*, and the *ESRD QIP User Interface Guide*. These resources are very helpful when conducting preview period activities.

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Lastly, before we continue to our last slide, followed by the question-and-answer session, I would like to remind the audience to please take a couple of minutes to complete the post event evaluation. A link to the evaluation is available in the Chat and will also be available in the post-event email that you will receive shortly.

This last slide provides additional contact information. Visit our website at www.MyCROWNWeb.org, and you can find the Town Hall slides and recording and other EQRS resources. For assistance with EQRS technical-related issues, please contact the CCSQ Service Center. For ESRD QIP and general EQRS questions, please submit your questions using the QualityNet Q&A Tool. Lastly the ESRD Network Directory can be used to find your ESRD Network contact information.

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

At this time, we will take the last remaining minutes to assist with any questions that you have about today's presentation. As a reminder, please submit any questions that you have about the topics that have been presented today in the Ask Staff a Question section of your screen. Then, click Send.

I am now going to open the line up 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.