

# **End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)**

**ESRD Outreach, Communication, and Training (EOCT)** 

# **EOCT August 2023 Town Hall Question and Answer Summary Document**

### **Speakers**

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**DISCLAIMER:** This presentation question-and-answer (Q&A) summary document was current at the time of publication and/or website upload. 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.

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This Q&A summary was modified to reflect the most up-to-date information pertaining to EQRS features and functions. As of the posting date, this document will not be updated any further. This document was modified for grammar. It answers provider questions submitted during the event. Subject-matter experts developed the responses during and after the event.

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#### **General Webinar Questions**

Question 1: How can I obtain the slides from the August 8, 2023, Town Hall event?

The August 2023 Town Hall event materials are available on the Events page of the MyCROWNWeb website (<a href="https://mycrownweb.org/events/">https://mycrownweb.org/events/</a>). The materials include the slides, recording, and transcript.

#### ESRD Quality Incentive Program (ESRD QIP) Preview Period Questions

Question 2: What data were used to calculate the payment year (PY) 2024 ESRD QIP Preview Period reports and scores?

Calendar year (CY) 2019 data were used to calculate performance standards and improvement scores for the PY 2024 ESRD QIP Preview Period reports and scores. Improvement scores were calculated by comparing the facility's measure rates during the performance period (CY 2022) with its previous performance during the baseline period (CY 2019). Achievement scores are based on measure rates calculated using data submitted during the CY 2022 performance period. The final measure scores are based on the higher of the improvement and achievement scores.

For additional information on the PY 2024 ESRD QIP scoring policies, please refer to the CY 2022 and CY 2023 ESRD Prospective Payment System (PPS) final rule documents, published on the *Federal Register* website.

Question 3: Do we display the Performance Score Report (PSR) that shows the break-down of scores for each measure or just the Performance Score Certificate (PSC)?

Facilities are only required to post the PSC, which displays the facility's Total Performance Score (TPS).

PSCs will become available after the preview period, sometime in late 2023. Facilities are required to post both the English and Spanish versions of their PSC in a prominent location within 15 business days of their availability. PY 2024 PSCs must remain posted throughout the duration of 2024.

Question 4: Does having no measure score affect the result of a facility's TPS?

If a facility receives "No Score" for a measure, the measure weight(s) for the measure(s) with "No Score" is equally distributed to the remaining

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eligible measures within the respective domain, which will have a larger contribution to the TPS.

For additional information on ESRD QIP scoring when a measure is missing, please refer to the ESRD Measures Manual, section 4.2.6.2, available on the CMS.gov website:

https://www.cms.gov/files/document/esrd-measures-manual-v71.pdf

#### Question 5: How is the achievement score calculated?

Facilities receive achievement points on a measure based on where they fall on the achievement range. The achievement range begins at the achievement threshold, which is defined as the 15th percentile of facilities during the comparison period (CY 2019 for PY 2024). It ends at the benchmark, which is defined as the 90th percentile of facilities during the baseline period. A facility will receive an achievement score of 0 points if its performance on that measure falls below the achievement threshold, 1 to 9 points if the facility's performance falls within this range, and 10 points if it is at or above the benchmark.

# Question 6: How do I know if my facility is eligible for the small facility adjustment for a particular ESRD QIP measure?

Facilities that meet the measure's minimum data requirement and fall below the upper threshold of the small facility adjuster range are eligible for the small facility adjustment. For additional information on the minimum data requirement and small facility adjuster range for each measure, refer to the *Guide to the PY 2024 ESRD QIP Performance Score Report* available on the CMS.gov website: https://qualitynet.cms.gov/esrd/esrdqip/resources#tab2

Additionally, PSRs have a footnote to indicate that a small facility adjustment has been applied.

# Question 7: What year is used to score the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure?

CY 2022 is the performance year for the PY 2024 ICH CAHPS measure, and the CY 2019 ICH CAHPS data are used to calculate the performance standards and improvement score.