CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

August 2023 Town Hall

Tuesday, August 8, 2022
2–3:30 p.m. Eastern Time (ET)

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

Streaming Audio

- **Audio for this event is available via GoTo® Internet streaming.**
- **Use Chrome for the best event experience.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available.**
- **Please request a dial-in line via the Ask the Staff a Question box.**
- **This event is being recorded.**

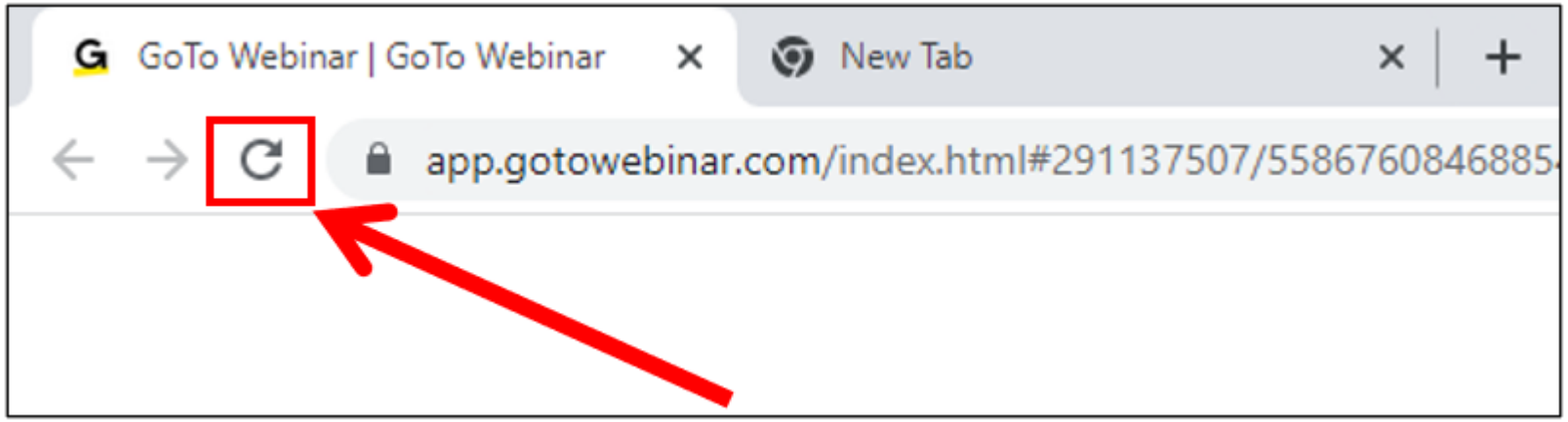
Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

Click Refresh or F5.

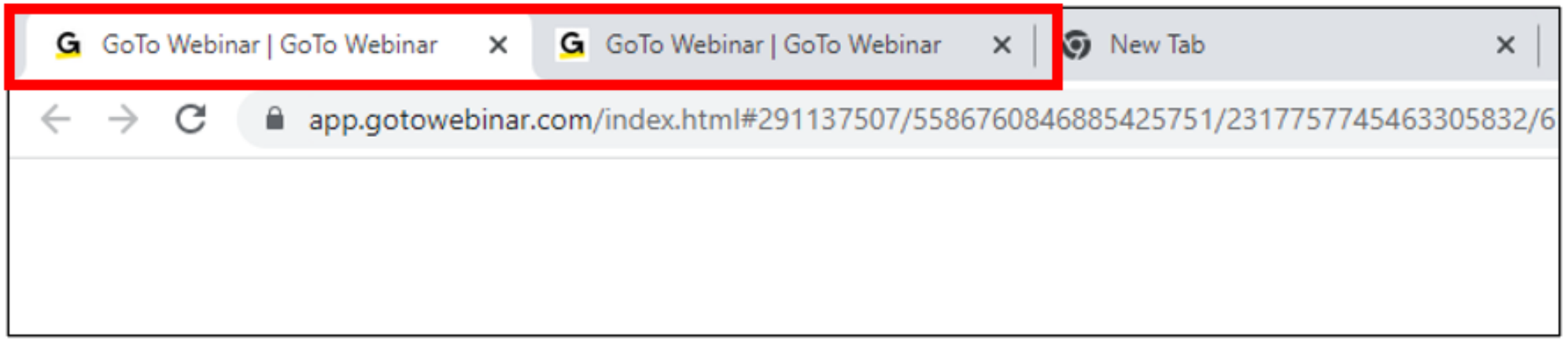
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

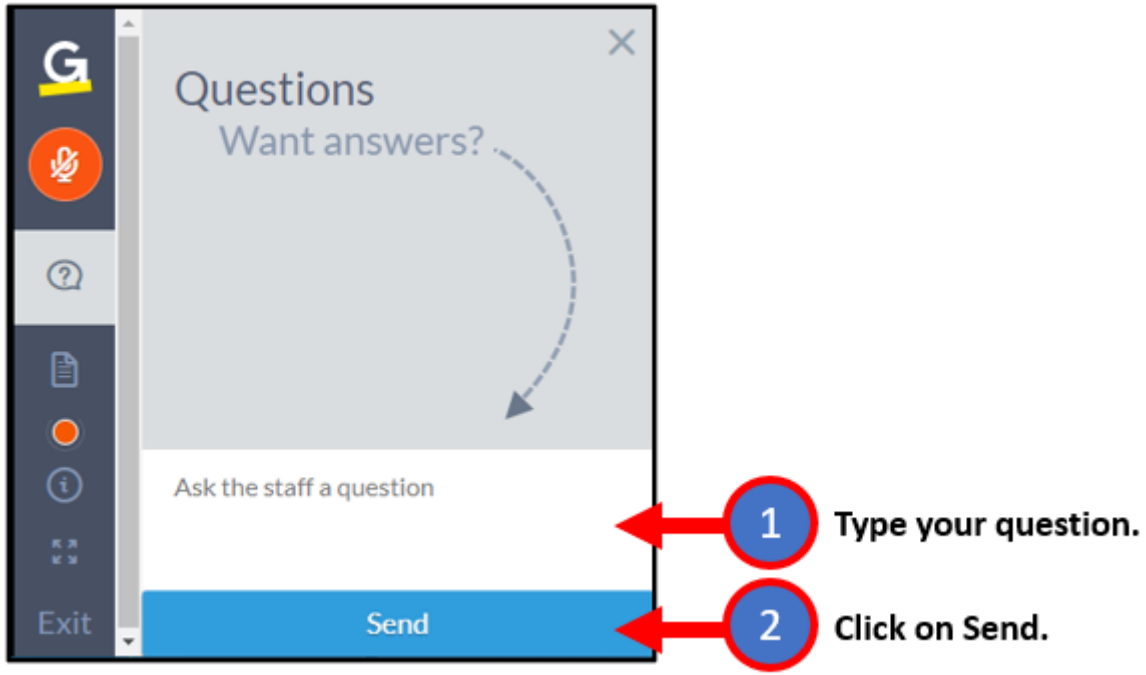
- **Hear a bad echo on the call?**
- **Multiple browsers/tabs that are open to a single event (multiple audio feeds) usually cause the echo.**
- **Close all but one browser/tab to clear the echo.**



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

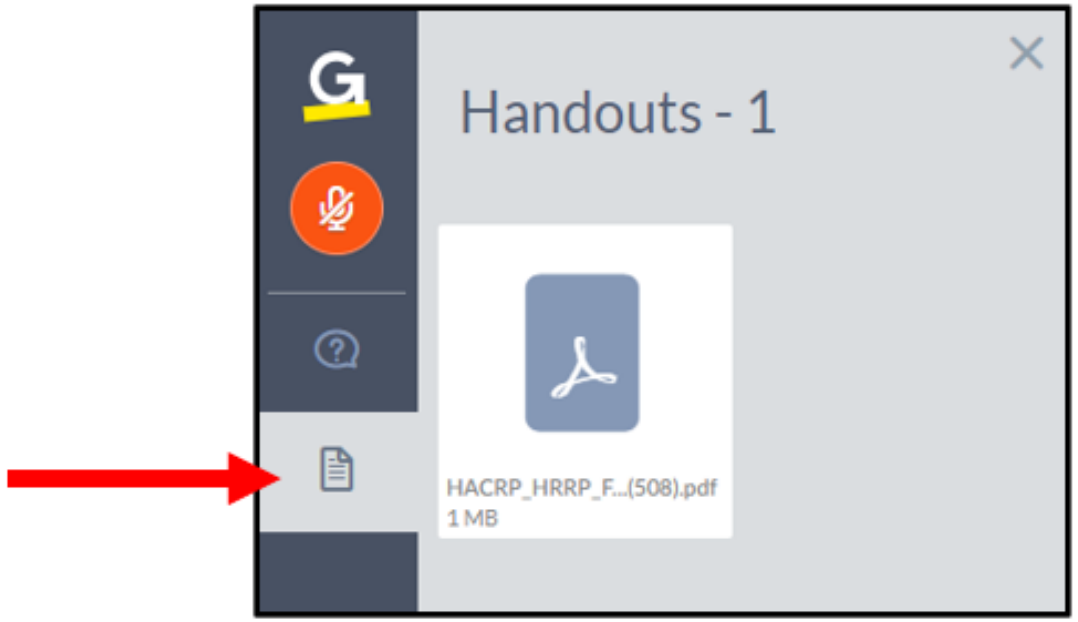
Type your question in the Ask the Staff a Question section. Then, click Send.



Note: Some questions may require additional research.
Unanswered questions may be submitted to the [QualityNet Question and Answer (Q&A) Tool. (https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question)](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question)

Downloading Slides/Handouts

Click the Handouts button to view any attached documents, such as slide decks and resource documents.



About Today's Call

This information is offered as an informal reference and does not constitute official Centers for Medicare & Medicaid Services (CMS) guidance. CMS encourages stakeholders, advocates, and others to refer to the final rules located in the *Federal Register*.

Today's Agenda

Topic	Speaker
End-Stage Renal Disease Quality Reporting System (EQRS) and National Healthcare Safety Network (NHSN) Deadlines	**Jane Chaine, MSN, RN, CNN, RD** Communications Director, ESRD EOCT
EOCT Announcements	Jane Chaine, MSN, RN, CNN, RD
ESRD Quality Incentive Program (QIP) User Interface (UI) Training	Jane Chaine, MSN, RN, CNN, RD
Payment Year (PY) 2024 ESRD QIP Preview Period	**Alissa Kapke, MS** Managing Senior Analyst *Arbor Research Collaborative for Health*
Understanding Your ESRD QIP Preview Reports	Alissa Kapke, MS
Follow Up Activities and Responsibilities	Alissa Kapke, MS
Additional Resources	Jane Chaine, MSN, RN, CNN, RD
Live Questions and Wrap Up	**Matthew McDonough, MS** Project Director, EOCT

Acronyms

BSI	bloodstream infection	**PLR**	Patient List Report
CC	carbon copy	**POC**	Point of Contact
CCN	CMS Certification Numbers	**PPPW**	Percentage of Prevalent Patients Waitlisted
CCSQ	Clinical Standards and Quality	**PPS**	Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	**PSSR**	Performance Score Summary Report
CY	calendar year	**PSC**	Performance Score Certification
EOCT	End-Stage Renal Disease Outreach, Communication, and Training	**PSR**	Patient Score Report
EQRS	End-Stage Renal Disease Quality Reporting System	**PT**	Pacific Time
ESRD	End-Stage Renal Disease	**PY**	payment year
ET	Eastern Time	**Q&A**	question and answer
HARP	Healthcare Quality Information System Access Roles and Profile	**QIP**	Quality Incentive Program
HCP	healthcare personnel	**SDOH**	Social Drivers of Health
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	**SHR**	Standardized Hospitalization Ratio
MAC	Medicare Administrative Contractor	**SRR**	Standardized Readmission Ratio
MBI	Medicare Beneficiary Identifier	**STrR**	Standardized Transfusion Ratio
MedRec	Medication Reconciliation	**TPS**	Total Performance Score
mTPS	minimum TPS	**UFR**	Ultrafiltration Rate
NHSN	National Healthcare Safety Network	**UI**	user interface

EQRS and NHSN Deadlines

EQRS Deadlines

EQRS Clinical Data Submission Deadlines

2023 Data Submission Schedule for EQRS Clinical Data	
Reporting Month	**Data Submission Deadline**
June 2023	August 31, 2023, at 11:59 p.m. Pacific Time (PT)
July 2023	October 2, 2023, at 11:59 p.m. PT
August 2023	October 31, 2023, at 11:59 p.m. PT
September 2023	November 30, 2023, at 11:59 p.m. PT
October 2023	January 2, 2024, at 11:59 p.m. PT
November 2023	January 31, 2024, at 11:59 p.m. PT
December 2023	February 29, 2024, at 11:59 p.m. PT

EQRS Depression Screening and Follow Up Submission Deadline

2023 EQRS Submission Schedule for Depression Screening and Follow Up Assessments	
Assessment Period	**Data Submission Deadline**
January 1, 2023–December 31, 2023	February 29, 2024, at 11:59 p.m. PT

Note: For additional information on the Depression Screening and Follow Up measure, refer to the Calendar Year (CY) 2023 ESRD QIP Technical Measure Specifications.

ICH CAHPS Attestation Submission Deadline

2023 EQRS Submission Schedule for In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation	
Attestation Year	**Data Submission Deadline**
January 1, 2023–December 31, 2023	February 29, 2024, at 11:59 p.m. PT

Note: For additional information on the ICH CAHPS Survey measure, refer to the CY 2023 ESRD QIP Technical Measure Specifications.

EQRS Data Reporting: Other Data Submissions

Additional information on EQRS data reporting requirements are available on www.MyCROWNWeb.org:

- EQRS Data Submission Stopwatch
- EQRS Data Management Guidelines

NHSN Deadlines

NHSN ESRD Data Submission Deadlines

2023 Data Submission Schedule for NHSN ESRD Data (Dialysis Events, Bloodstream Infections, and COVID-19 Healthcare Personnel Vaccinations)		
Quarter	**2023 Reporting Months**	**Data Submission Deadline**
2	April–June	October 2, 2023
3	July–September	January 2, 2024
4	October–December	April 1, 2024

Note: For additional information on the NHSN Measures, refer to the CY 2023 ESRD QIP Technical Measure Specifications.

EOCT Announcements

CY 2024 ESRD Prospective Payment System (PPS) Proposed Rule Recap

CY 2024 ESRD PPS Proposed Rule

On June 30, 2023, CMS published the CY 2024 ESRD PPS Proposed Rule to announce proposed:

- Updates to the Medicare payment policies and rates for ESRD care.
- Updates to the ESRD QIP requirements.
- Requests for comment on topics that are relevant to ESRD QIP.

The CY 2024 ESRD PPS Proposed Rule public comment period is open from June 30, 2023– August 25, 2023.

CY 2024 ESRD PPS Proposed Rule

To participate in the comment period, go to the link below and follow the instructions in the proposed rule.

https://www.federalregister.gov/documents/2023/06/30/2023-13748/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis#open-comment

For detailed information about the CY 2024 ESRD PPS Proposed Rule, register for the August 10, 2023, proposed rule webinar: https://register.gotowebinar.com/register/9205558181848688218

CY 2024 ESRD PPS Proposed Rule Summary

The CY 2024 ESRD PPS Proposed Rule **proposed** the following:

- Remove two current ESRD QIP measures:
  - Ultrafiltration Rate reporting measure
  - Standardized Fistula Rate clinical measure
- Update the measure specifications for the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure.
- Convert the Clinical Depression Screening and Follow Up measure from a reporting measure to a clinical measure.
- Add three new ESRD QIP measures:
  - Facility Commitment to Health Equity measure
  - Screening for Social Drivers of Health (SDOH) measure
  - SDOH Screen Positive Rate measure

CY 2024 ESRD PPS Proposed Rule Summary

Additional information on the CY 2024 ESRD PPS Proposed Rule is available on these websites:

Federal Register	https://www.federalregister.gov/public-inspection/2023-13748/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis
CMS.gov	https://www.cms.gov/newsroom/fact-sheets/calendar-year-2024-end-stage-renal-disease-esrd-prospective-payment-system-pps-proposed-rule-cms

ESRD QIP UI Training

Areas of Focus

- Accessing the ESRD QIP UI
- Understanding roles and functionality
- Viewing scores and feedback
- Viewing/downloading reports
- Submitting, saving, and replying to inquiries

Note: ESRD QIP UI is subject to change.

Accessing the ESRD QIP UI

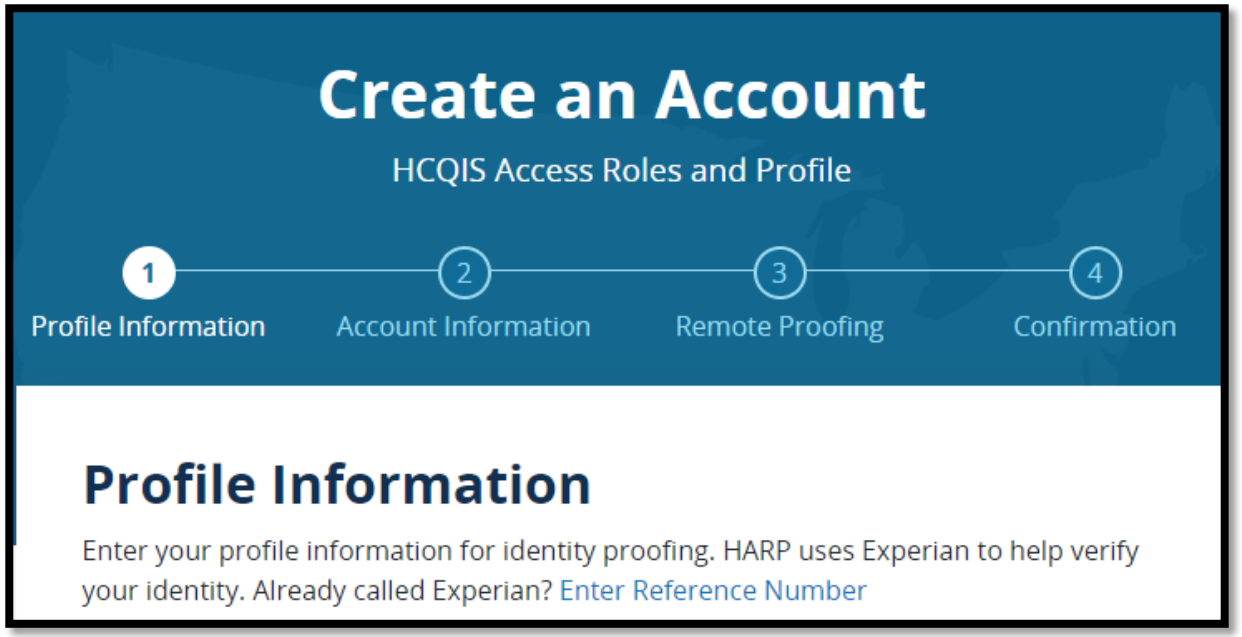
ESRD QIP UI in EQRS

- ESRD QIP roles and functionality are contained within the EQRS Global Application.
- Benefits of having the ESRD QIP UI in EQRS include the following:
  - Supports CMS's efforts to consolidate the functionalities of ESRD Systems
  - Eliminates the need for multiple user accounts
  - Improves overall user experience and reduces burden with enhanced navigation features

Establish HARP Account

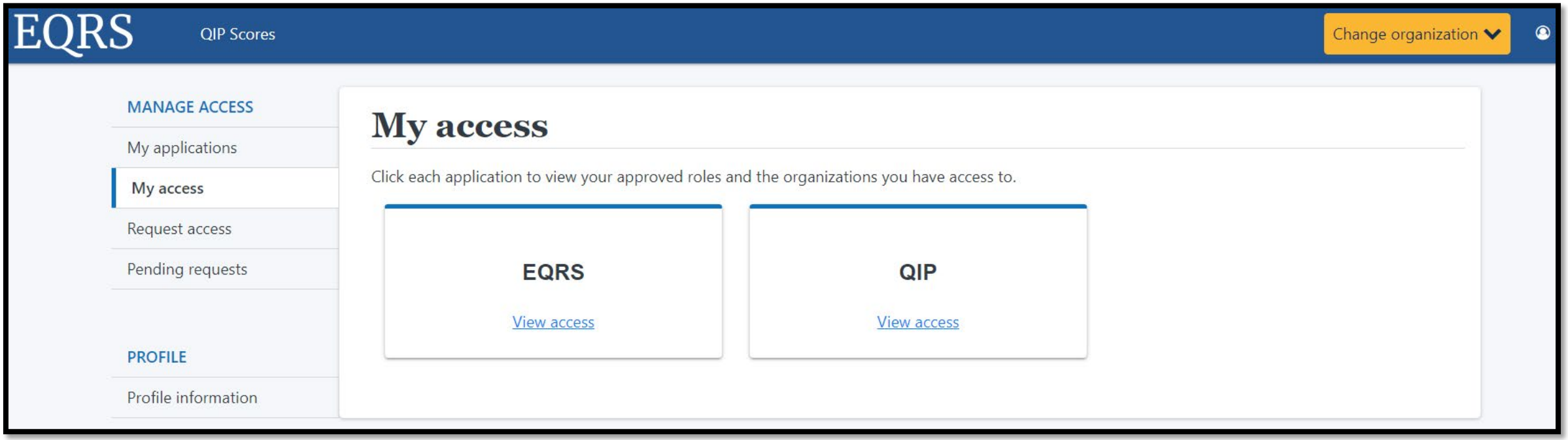
Complete the Healthcare Quality Information System Access Roles and Profile (HARP) account registration process, if needed.

- A single HARP account is needed to access multiple CMS applications.
- Register for a HARP account: https://harp.cms.gov/register/profile-info
- Access HARP training materials: https://mycrownweb.org/harp-training/



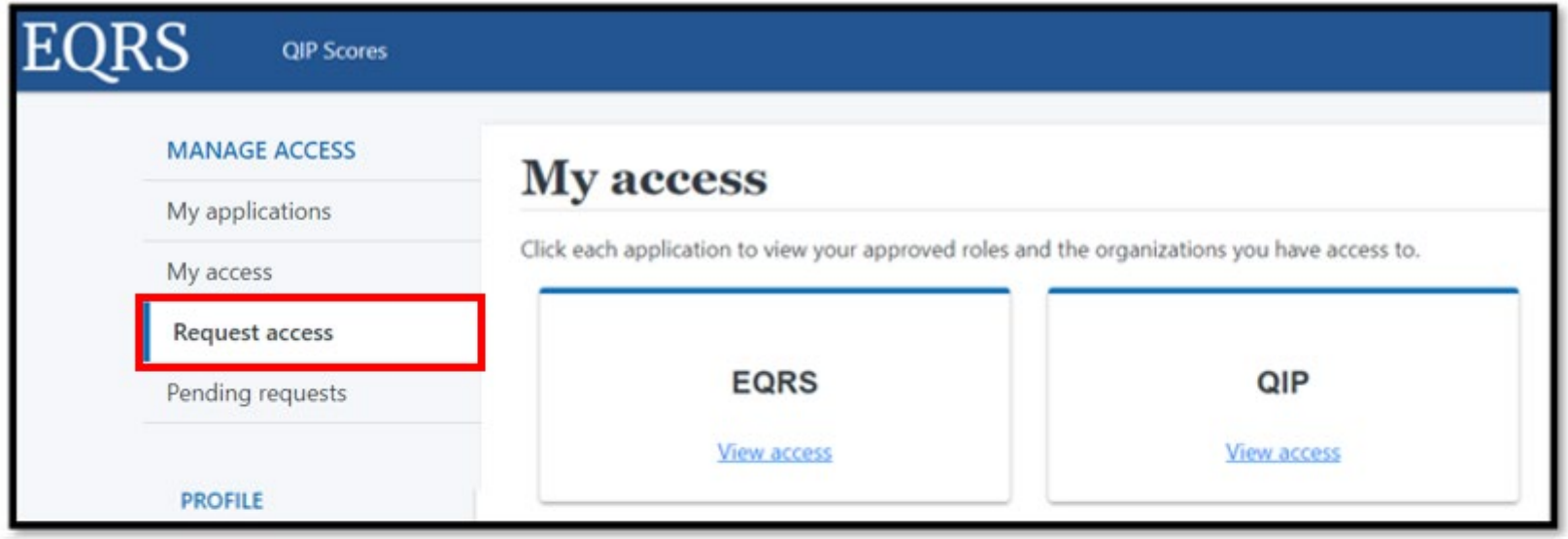
Access EQRS

1. Log in to EQRS with HARP account at https://eqrs.cms.gov/globalapp/.
2. Review the applications listed on the *My Access* screen in EQRS for QIP. Submit a request for QIP access, if needed.



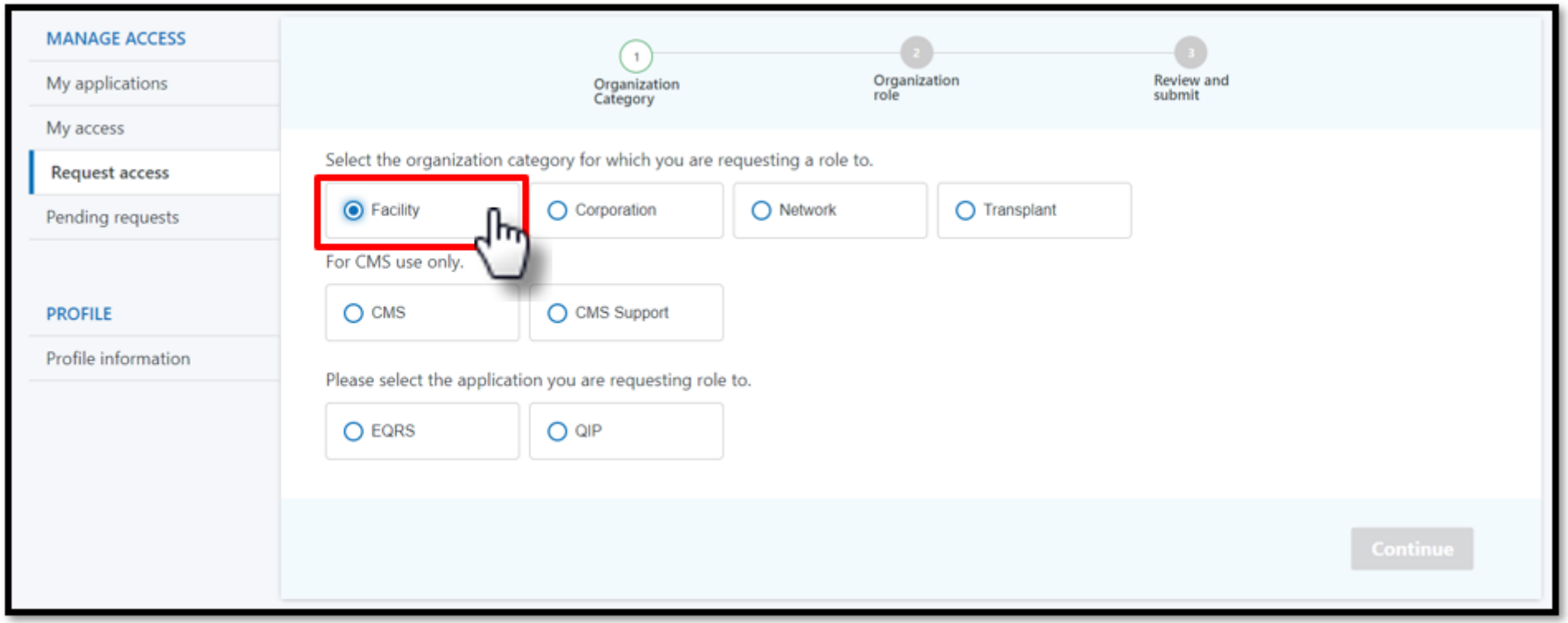
Requesting ESRD QIP UI Role

1. Click on Request Access.



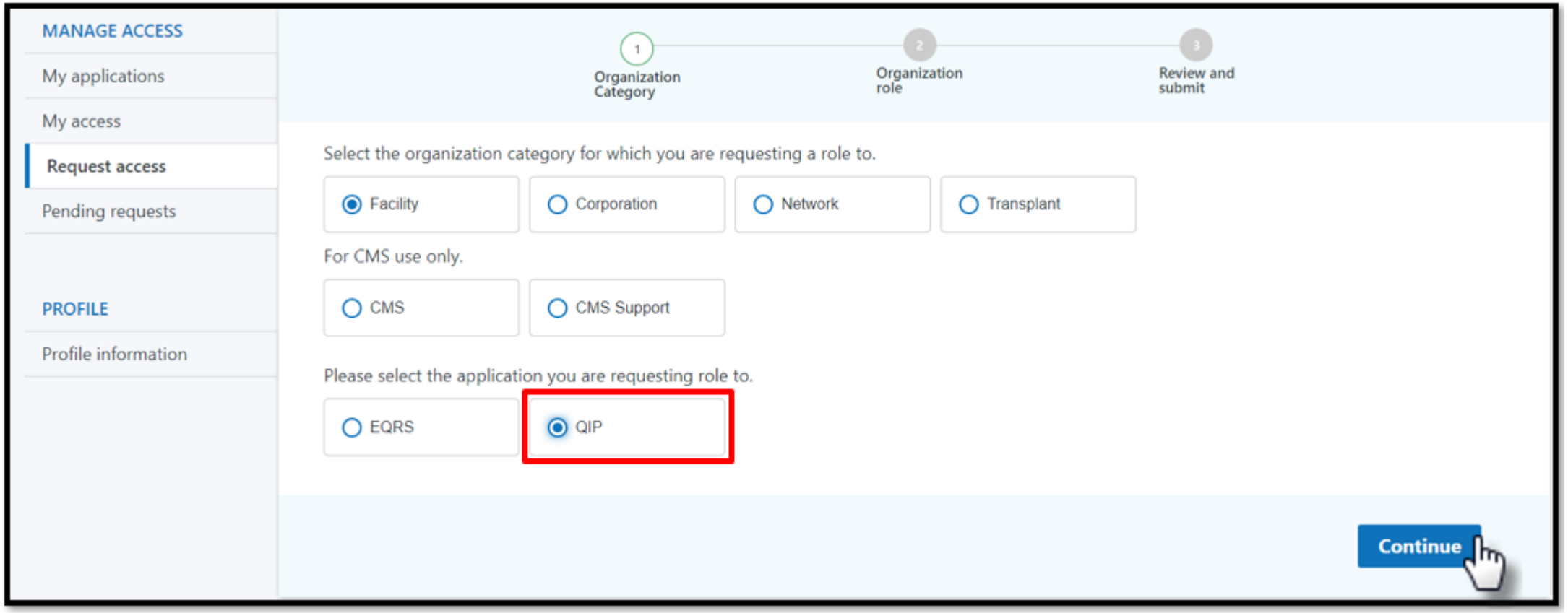
Select Organization

2. Select the organization category for the role.



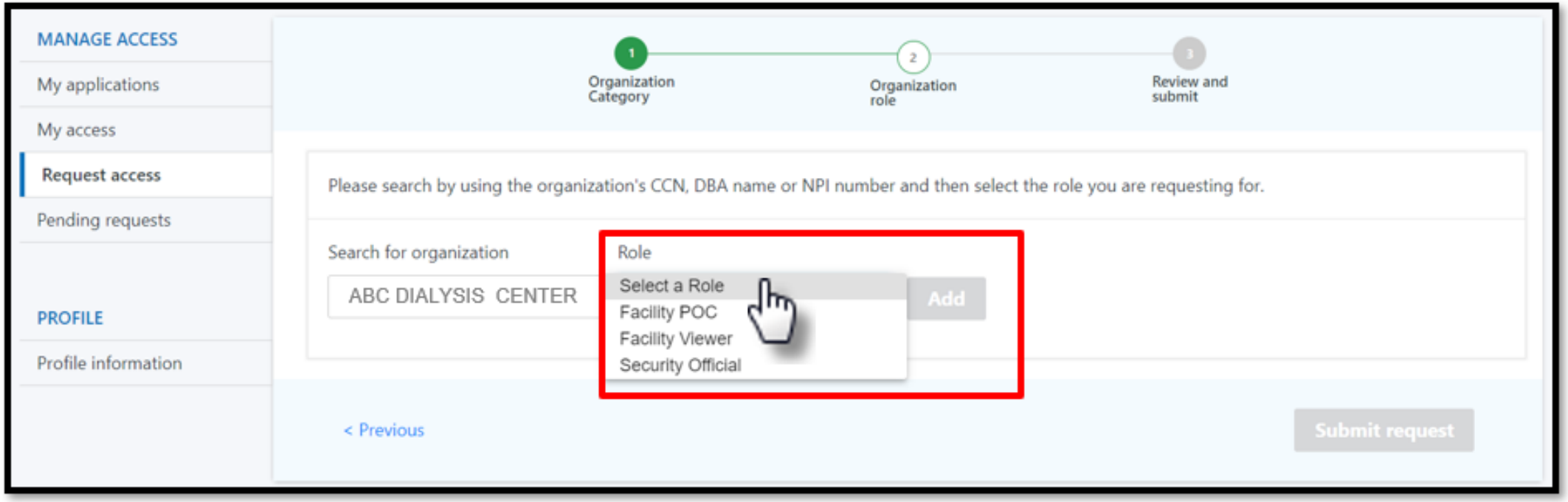
Select Application

3. Select the application you want to access and click Continue.



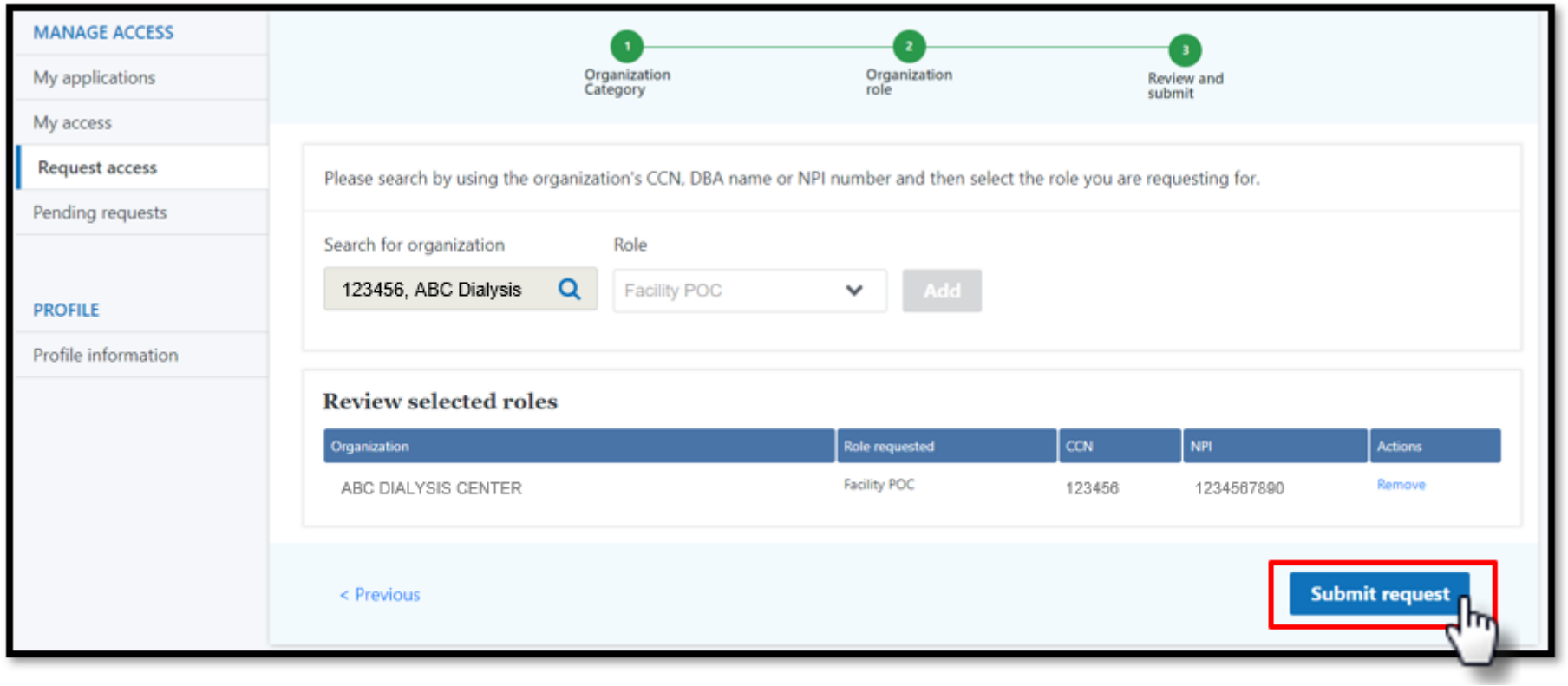
Select Role

4. Search for your organization.
5. Select the desired role.



Submit Request

6. Click Add to select role.
7. Review the selected role and click Submit Request.



Note: Access step-by-step HARP account registration and EQRS role request instructions via https://mycrownweb.org/harp-training/.

ESRD QIP UI Facility Roles

ESRD QIP Role	Scores and Feedback	Inquiries	Reports
Facility Point of Contact (POC) A single user can be the Facility POC for multiple facilities. A facility may have multiple Facility POCs.	View scores	View and submit inquiries	View and download reports: Patient List Report (PLR), Patient Score Report (PSR), Performance Score Certificate (PSC)
Facility Viewer A facility may have multiple Facility Viewers.	View scores	View submitted inquiries	View and download reports (PSC and PSC only)

Note: These are facility-level roles. Additional roles are available for Corporate, Network, CMS, and CMS Support users.

ESRD QIP UI Corporate Role

ESRD QIP Role	Scores and Feedback	Inquiries	Reports
Corporate POC An organization may have multiple Corporate POC.	View scores	View and submit inquiries	View and download all reports: PLR, PSR, PSC, and Performance Score Summary Report (PSSR)

Note: A Corporate-level role can view and access materials for all facilities owned by an organization.

Accessing ESRD QIP Reports

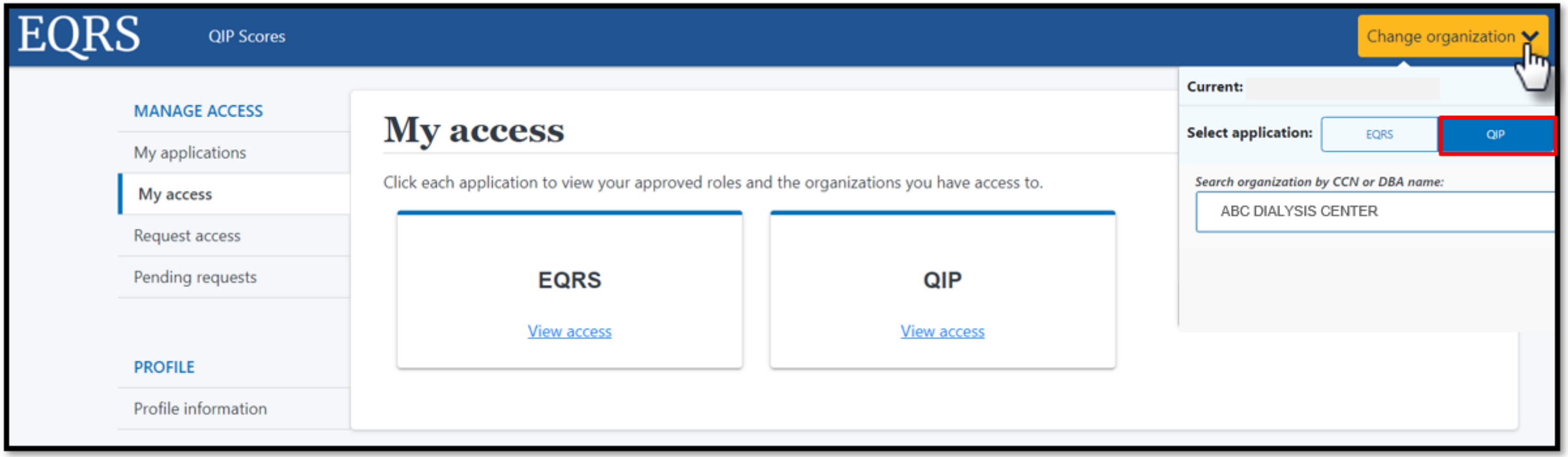
ESRD QIP Roles	Available Reports to View and Download
Facility POC	PLR, PSR, and PSC
Facility Viewer	PSR, and PSC
Corporate POC	PLR, PSR, PSSR, and PSC

Having technical issues with accessing your reports in EQRS?
Contact the Center for Clinical Standards and Quality (CCSQ) Service Center
Monday–Friday 8 a.m. to 8 p.m. ET:

- Phone: **(866) 288-8912**
- Email: qnetsupport-esrd@cms.hhs.gov
- CCSQ Support Central: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

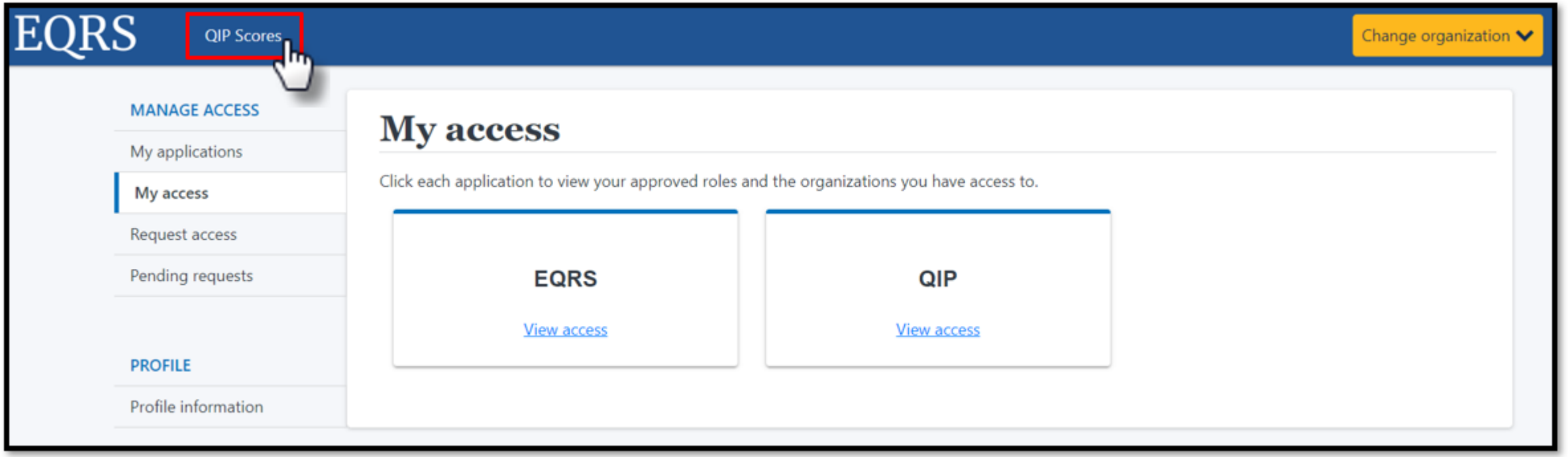
Change Organization

Users with access to EQRS and the ESRD QIP UI must click on Change Organization to toggle between EQRS and the ESRD QIP UI.



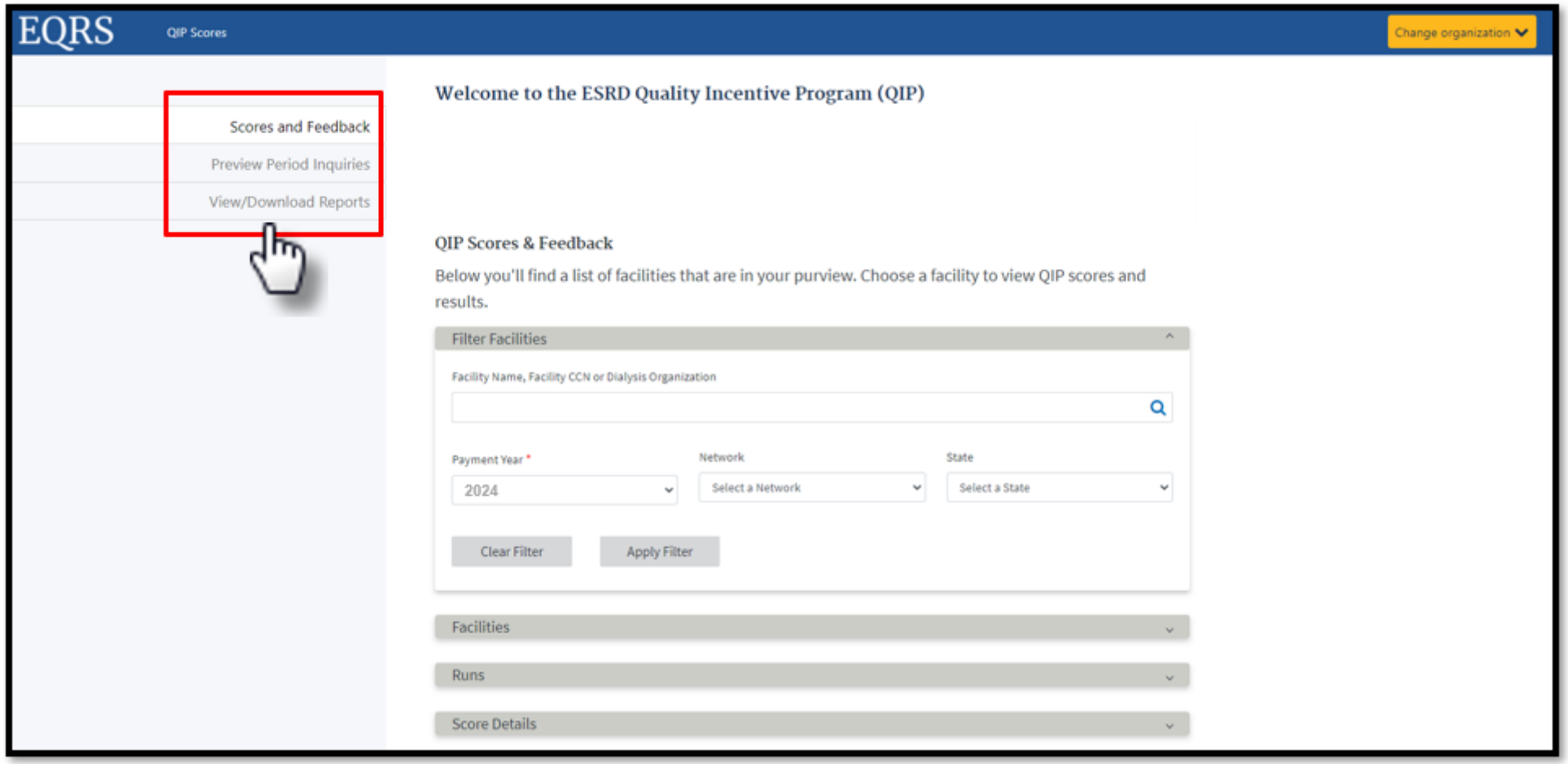
Accessing the ESRD QIP UI

Click on QIP Scores.



Welcome to the ESRD QIP UI

The ESRD QIP UI is now viewable. Navigate to the desired tabs.



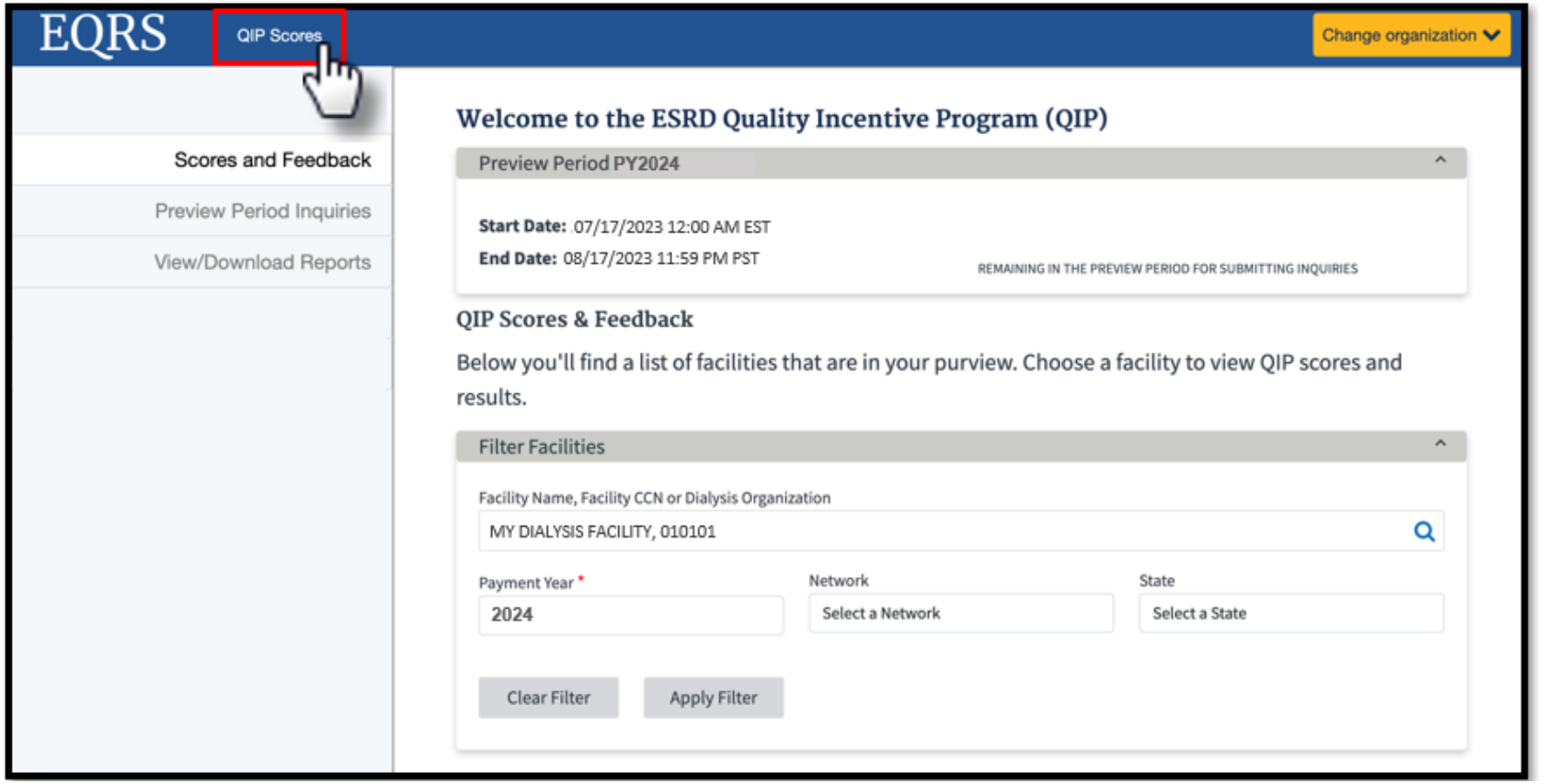
Viewing Scores and Feedback

Scores and Feedback Overview

- Provides users with the ability to view the following:
  - Total Performance Score (TPS)
  - Measures Summary (an overview of the measures that contribute to a TPS)
- The Scores and Feedback screen provides an overview of score details.
  - A complete drilldown of factors contributing to a TPS is available via the PSR.
- Users can:
  - See results for facilities within their purview.
  - Set filters to help refine search results.
- Users with purview over multiple facilities can view the Scores and Feedback summary for one facility at a time.
- All ESRD QIP UI roles can view Scores and Feedback.

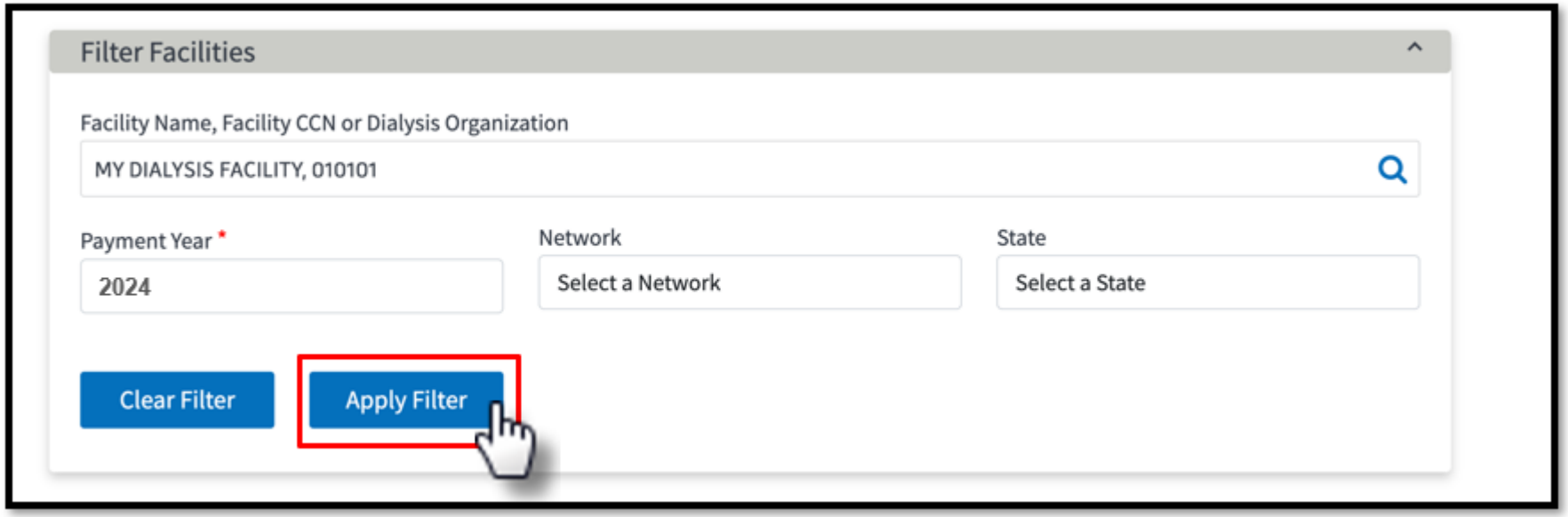
Click QIP Scores Link

1. Log in to EQRS with the HARP account via https://eqrs.cms.gov/globalapp/.
2. Click on QIP Scores. The *Scores and Feedback* screen displays.



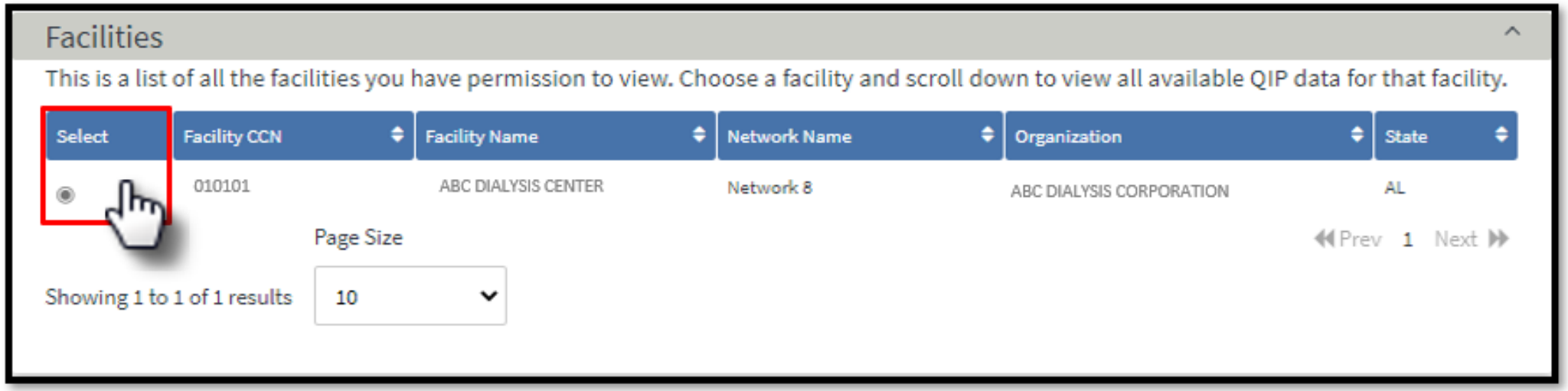
Using Filter Facilities Option

- Users with access to multiple facilities can set filters to assist with search efforts. (Facilities within a user's purview are automatically displayed in the table of results.)
- Enter Facility Name, Facility CMS Certification Number (CCN), or Dialysis Organization.
- Click Apply Filter. (Click **Clear Filter** to remove all filters and results.)



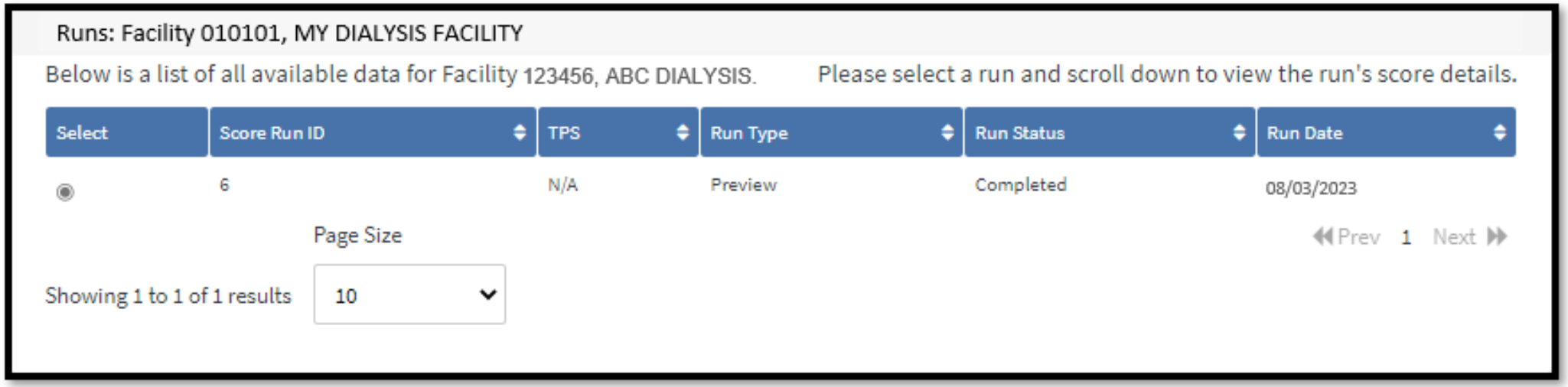
Select Facility

- The ESRD QIP UI automatically displays a list of facilities within a facility-level user's purview.
- The *Scores and Feedback* screen displays score details for one facility at a time.
- Users can switch between facilities by clicking the radio button next to the facility information.



View Facility Run

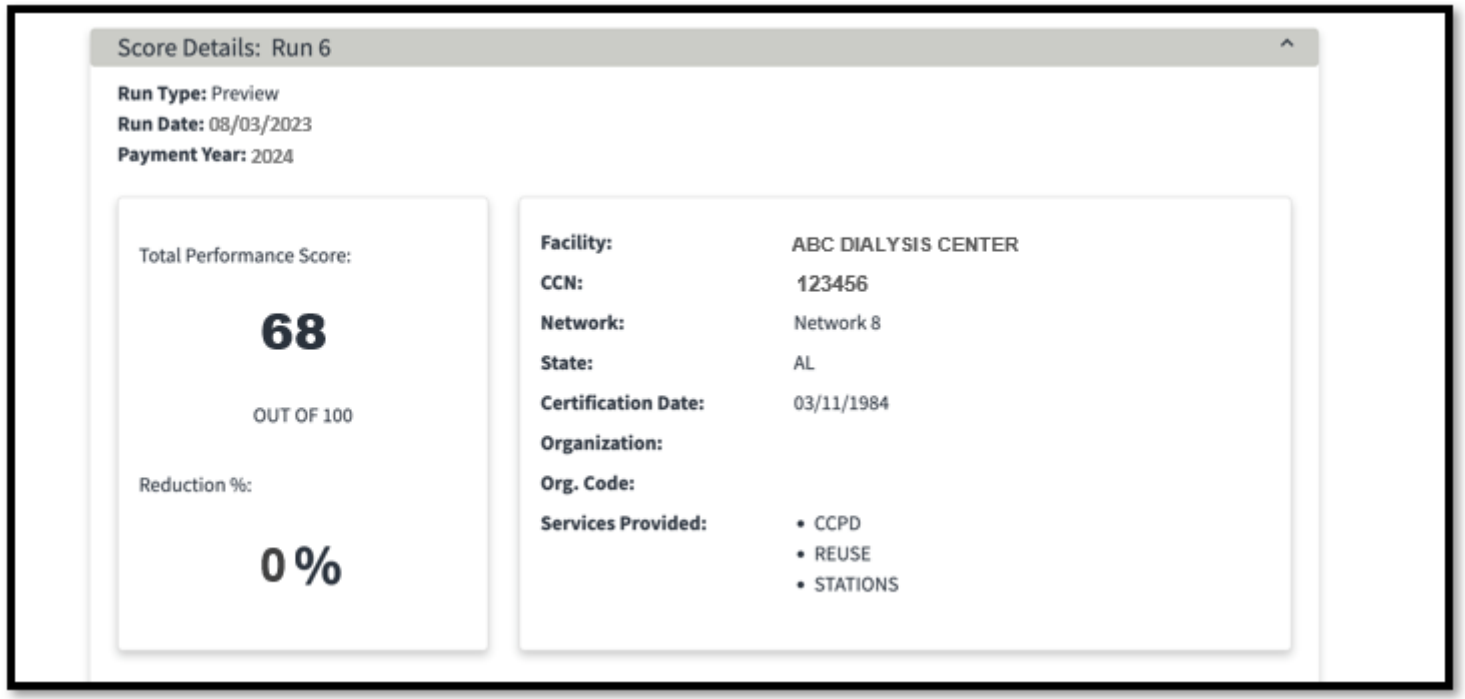
Review the information in the *Runs* section to ensure that you are assessing the correct facility details.



Review Total Performance Score

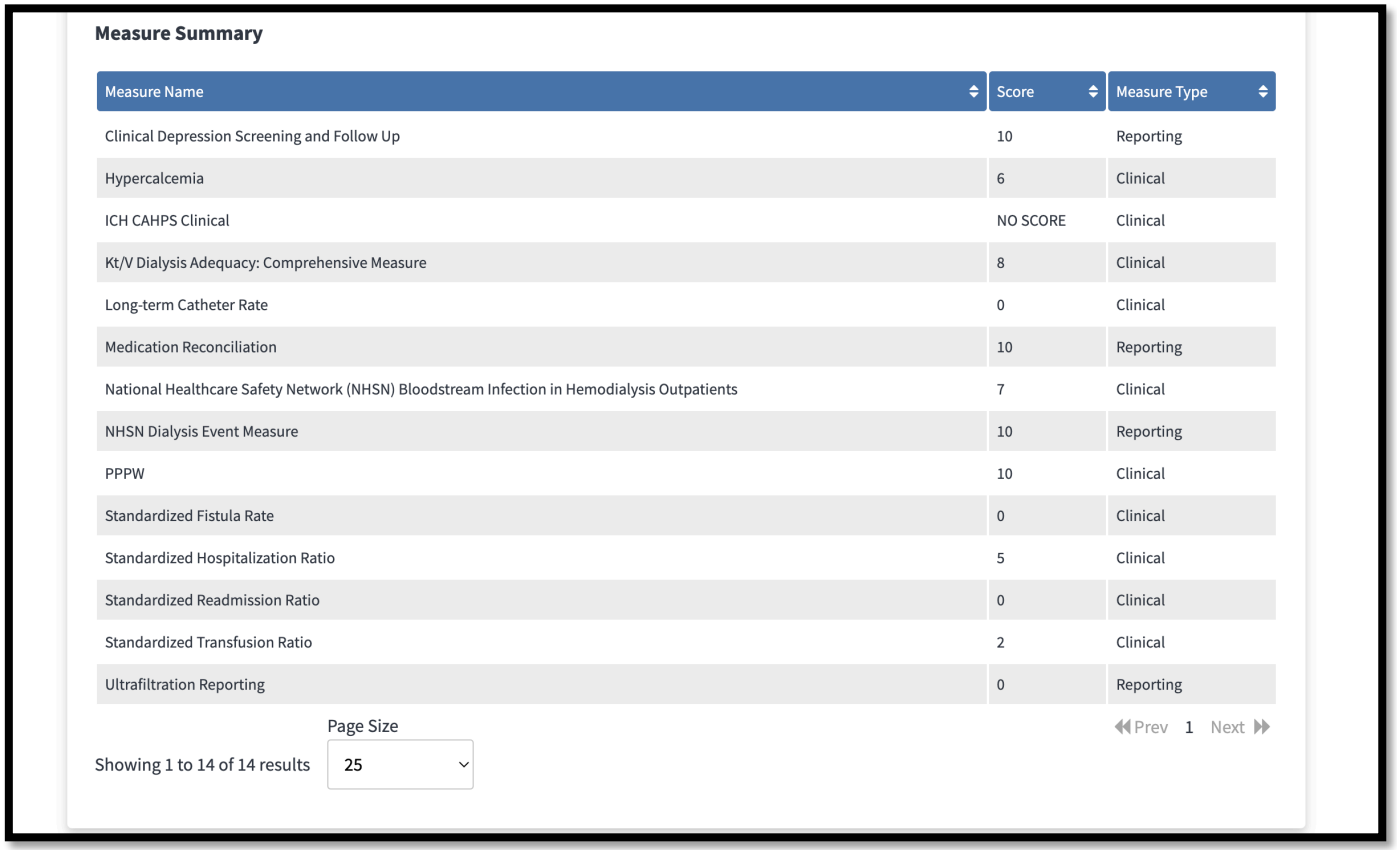
Navigate to the *Score Details* section to view a synopsis of the TPS and Measure Summary.

Review TPS, Reduction %, and Facility Details.



Review Measures Summary

Navigate to the *Measure Summary* section for a synopsis of the measures and scores contributing to your facility's performance. All measure rates will be provided via PSRs through the QIP UI.



Measure Summary

Measure Name	Score	Measure Type
Clinical Depression Screening and Follow Up	10	Reporting
Hypercalcemia	6	Clinical
ICH CAHPS Clinical	NO SCORE	Clinical
Kt/V Dialysis Adequacy: Comprehensive Measure	8	Clinical
Long-term Catheter Rate	0	Clinical
Medication Reconciliation	10	Reporting
National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Outpatients	7	Clinical
NHSN Dialysis Event Measure	10	Reporting
PPPW	10	Clinical
Standardized Fistula Rate	0	Clinical
Standardized Hospitalization Ratio	5	Clinical
Standardized Readmission Ratio	0	Clinical
Standardized Transfusion Ratio	2	Clinical
Ultrafiltration Reporting	0	Reporting

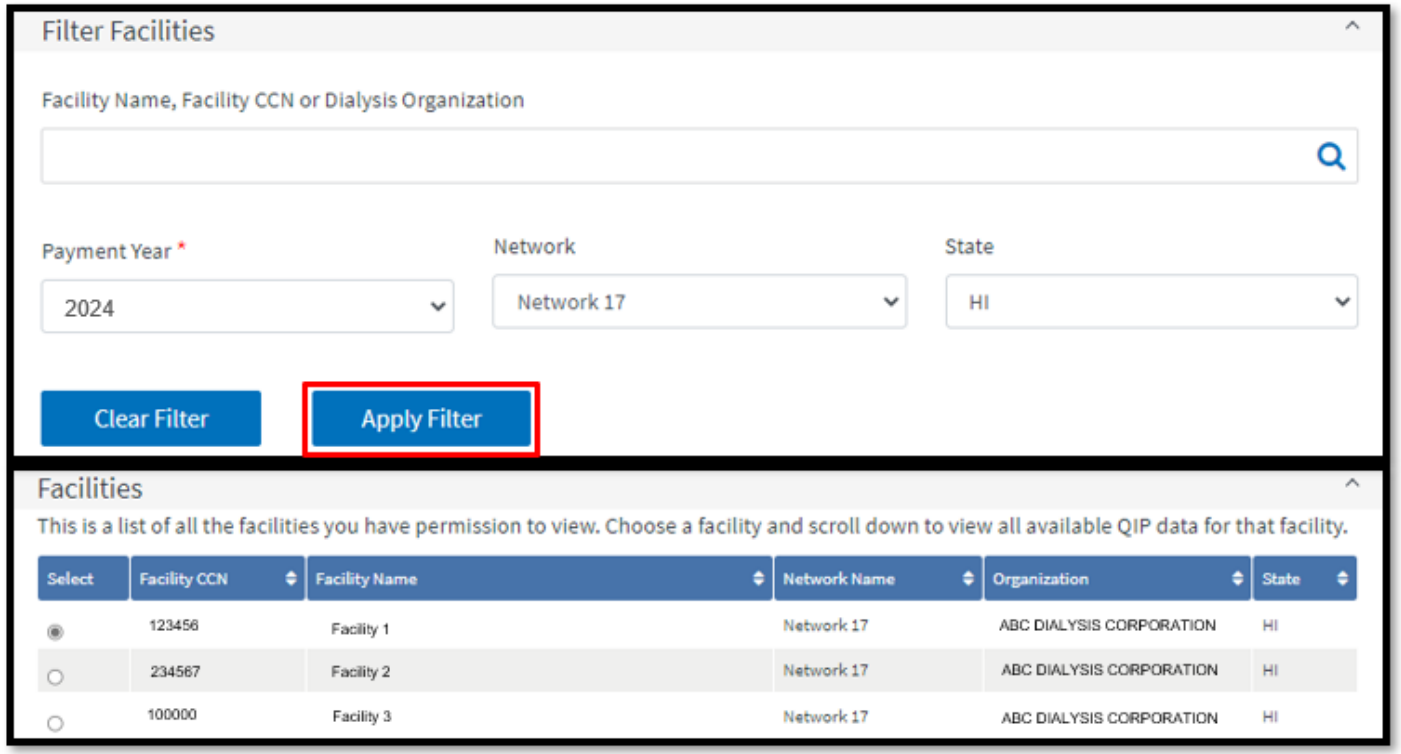
Showing 1 to 14 of 14 results

Page Size 25

Prev 1 Next

Corporate Users: Scores and Feedback Screen

- The steps to access the *Scores and Feedback* screen are the same for all users.
- The *Filter Facilities* section is automatically expanded for corporate-level users.
- Enter a search criteria to display data in the *Facilities* section.



Scores and Feedback Summary

- The *Scores and Feedback* screen provides an overview of the following:
  - TPS
  - Measures Summary
- To access:
  1. Log in to EQRS with HARP account via https://eqrs.cms.gov/globalapp/.
  2. Click on QIP Scores.
  3. Select Facility, if needed.
  4. Review TPS and Measures Summary.
- All ESRD QIP UI roles can view Scores and Feedback.

Viewing and Downloading Reports

View/Download Reports Overview

- Provides users with the ability to view and download the following reports (based on role and availability):
  - PSR
  - PLR
  - PSSR (available for Corporate POCs, CMS and Support CMS users)
  - PSC (available after the preview period)
- All ESRD QIP roles can view and download Reports (based on availability).
- Contact the CCSQ Service Center to obtain reports that are not listed in the ESRD QIP UI.

Reports Description

Report	Report Description
PSR	Includes facility information (CCN and contact information), achievement and improvement scores for each clinical measure, earned performance scores for all measures, TPS, unadjusted performance rates or ratios for clinical measures, performance standards applied, national average performance rates for clinical measures, payment reduction percentage, and text explaining the calculations used to generate the facility's score
PLR	Lists all patients whose data is used to calculate a facility's ESRD QIP measure rates, and all the details associated with these patients, contains separate lists of patients whose data was used to calculate each measure rate for the facility and separates those for which data was used to calculate improvement thresholds from those for which data was used in performance period calculations

Note:

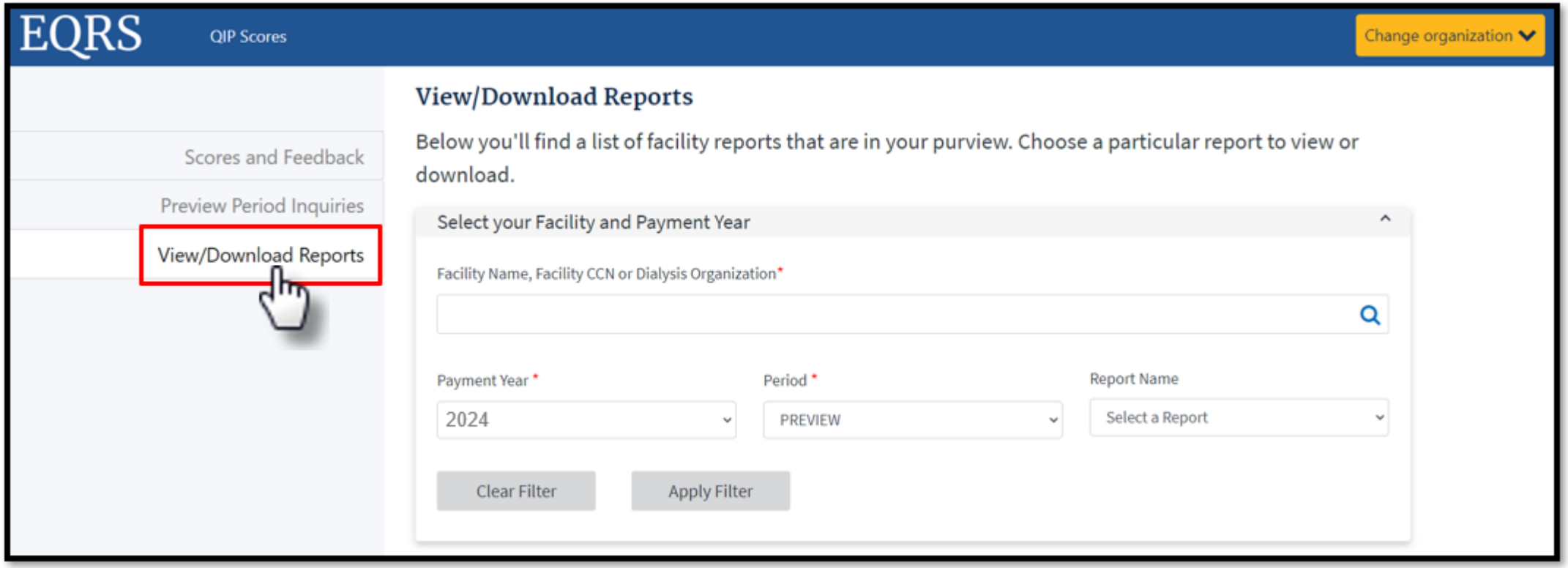
- Per the CY 2023 ESRD PPS Final Rule, the Standardized Hospitalization Ratio (SHR) and Standardized Readmission Ratio (SRR) clinical measures will be expressed as rates.
- Per the CY 2022 ESRD PPS Final Rule, the performance standards for PY 2024 will be calculated using CY 2019 data (the most current full calendar year of data).

Reports Description

Report Name	Report Description
PSSR	Includes achievement and improvement scores for each clinical measure, earned performance scores for all measures, Total Performance Score, unadjusted performance rates for clinical measures, performance standards applied, national median for clinical measures, and background information on the calculations and the QIP
PSC	Contains the performance values of each facility for the given PY and summarized view of TPS for the selected facility

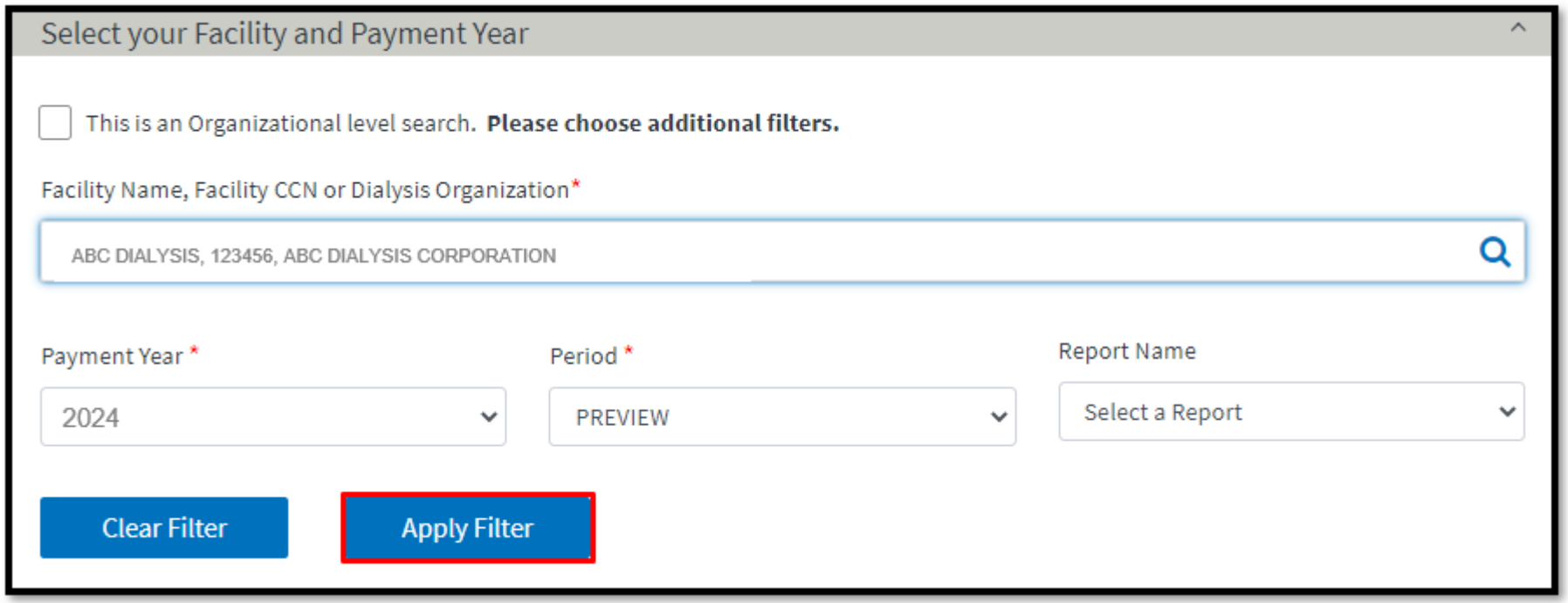
Click View/Download Reports

1. Log in to EQRS with the HARP account via https://eqrs.cms.gov/globalapp/.
2. Click on QIP Scores.
3. Click on View/Download Reports.



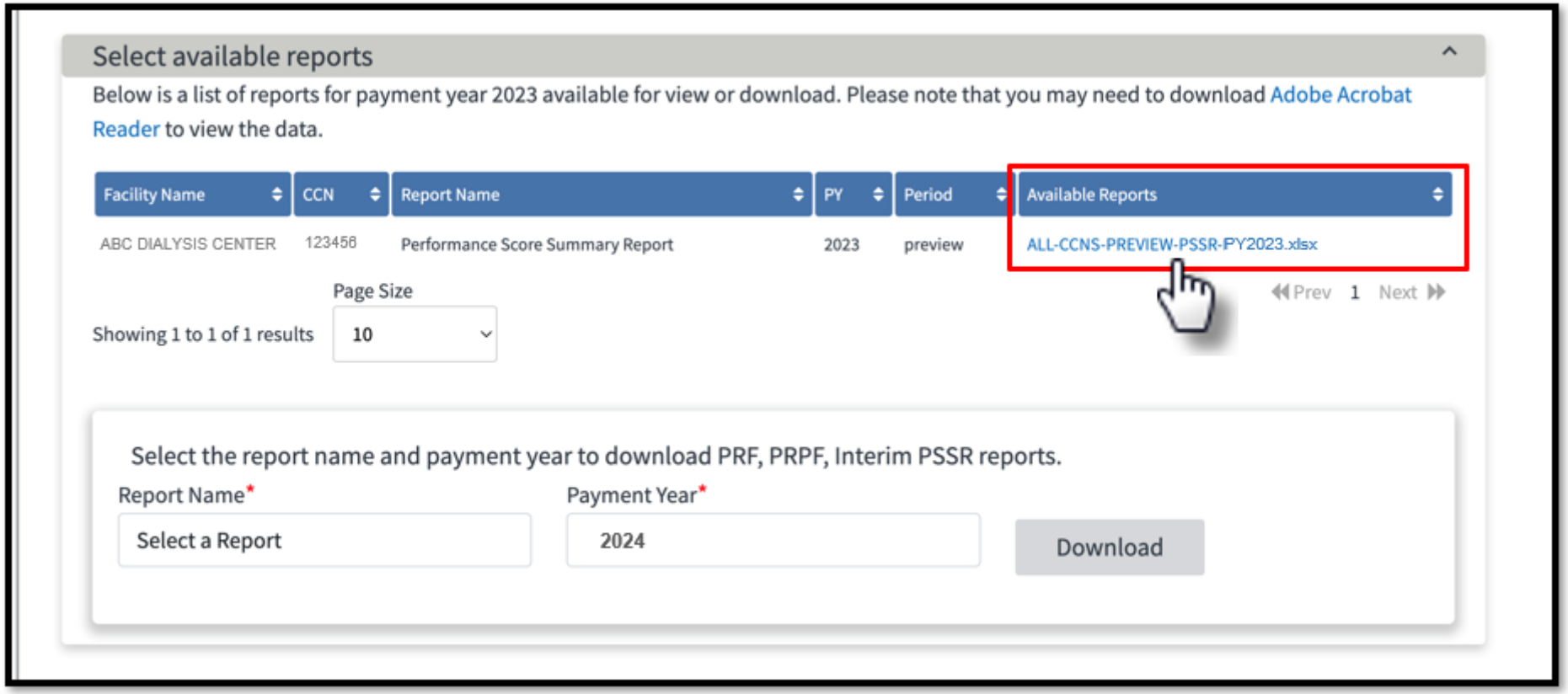
Select Facility and Payment Year

- Users can set filters to assist with search efforts, if they have access to multiple facilities.
- Enter Facility Name, Facility CCN or Dialysis Organization.
- Select a report name and click on Apply Filter.



Select Available Reports

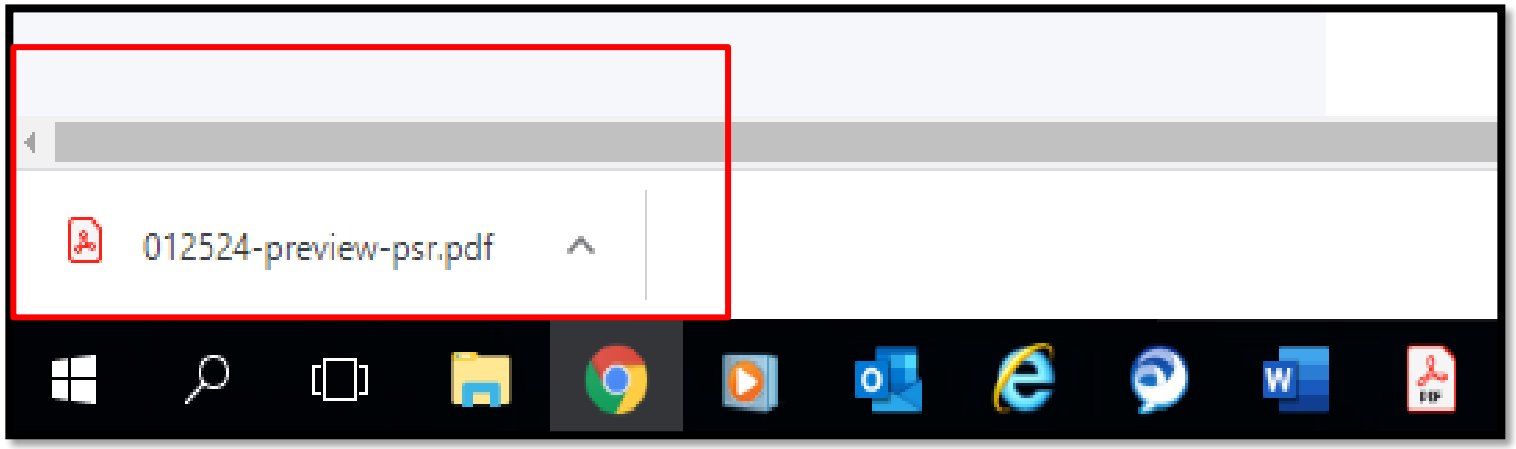
Click the link of the report you would like to view to download the file.



Report Downloads

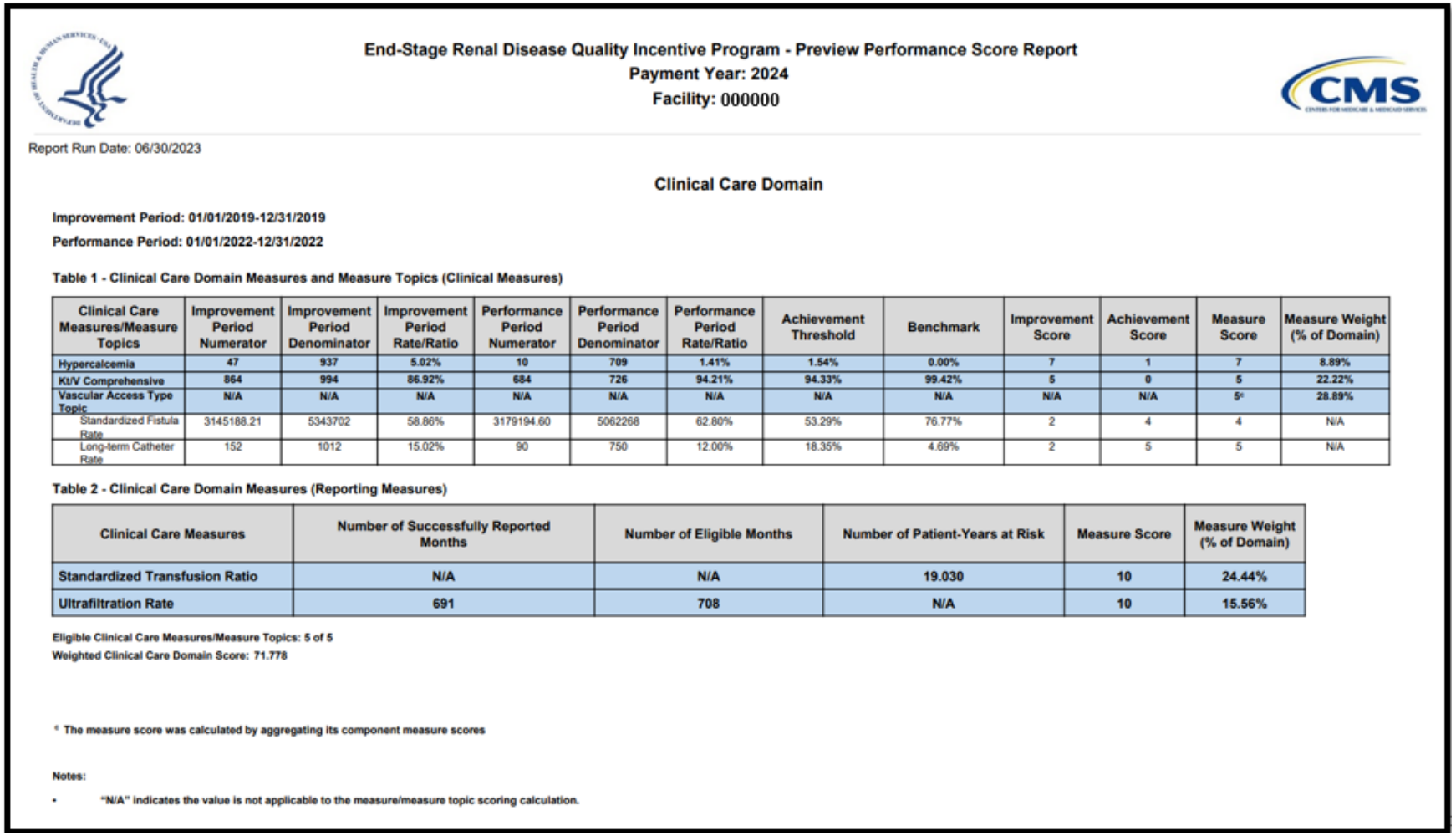
You can see the downloaded report at the bottom of your browser.
Click on the downloaded report or desired action to open or save the file.

Browser: Chrome



Review Preview Period Reports

For additional details on PY 2024 ESRD QIP scoring policies, refer to the CY 2022 and 2023 ESRD PPS Final Rule documents, published in the *Federal Register* website.



End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report
Payment Year: 2024
Facility: 000000

Report Run Date: 06/30/2023

Clinical Care Domain

Improvement Period: 01/01/2019-12/31/2019

Performance Period: 01/01/2022-12/31/2022

Table 1 - Clinical Care Domain Measures and Measure Topics (Clinical Measures)

Clinical Care Measures/Measure Topics	Improvement Period Numerator	Improvement Period Denominator	Improvement Period Rate/Ratio	Performance Period Numerator	Performance Period Denominator	Performance Period Rate/Ratio	Achievement Threshold	Benchmark	Improvement Score	Achievement Score	Measure Score	Measure Weight (% of Domain)
Hypercalcemia	47	937	5.02%	10	709	1.41%	1.54%	0.00%	7	1	7	8.89%
Kt/V Comprehensive	864	994	86.92%	684	726	94.21%	94.33%	99.42%	5	0	5	22.22%
Vascular Access Type Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5[6]	28.89%
Standardized Fistula Rate	3145188.21	5343702	58.86%	3179194.60	5062268	62.80%	53.29%	76.77%	2	4	4	N/A
Long-term Catheter Rate	152	1012	15.02%	90	750	12.00%	18.35%	4.69%	2	5	5	N/A

Table 2 - Clinical Care Domain Measures (Reporting Measures)

Clinical Care Measures	Number of Successfully Reported Months	Number of Eligible Months	Number of Patient-Years at Risk	Measure Score	Measure Weight (% of Domain)
Standardized Transfusion Ratio	N/A	N/A	19.030	10	24.44%
Ultrafiltration Rate	691	708	N/A	10	15.56%

Eligible Clinical Care Measures/Measure Topics: 5 of 5

Weighted Clinical Care Domain Score: 71.778

[6] The measure score was calculated by aggregating its component measure scores

Notes:

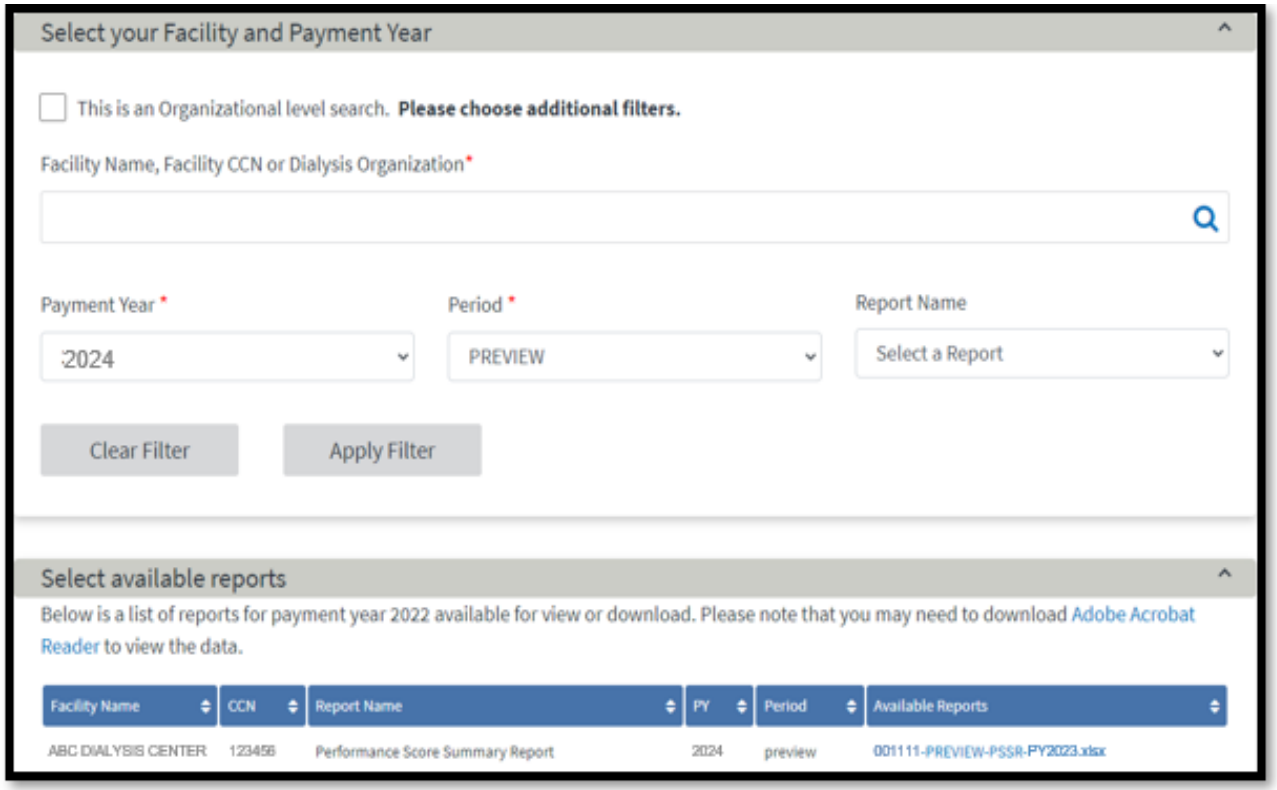
- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.

Corporate Users: Reports Screen

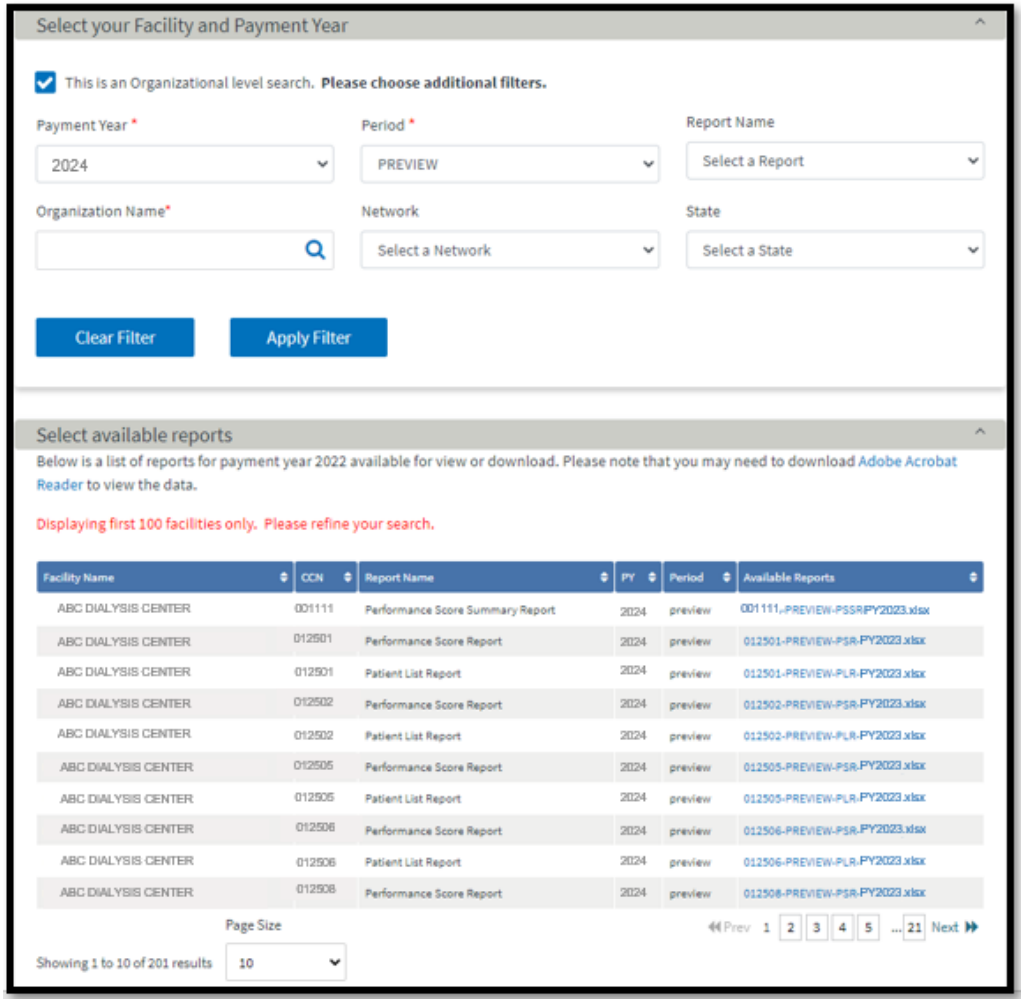
- The steps to access the *View/Download Reports* screen are the same for all users.
- The *Select your Facility and Payment Year* section is automatically expanded for corporate-level users.
- Enter facility details to display reports for a single facility.
- Select: “This is an organizational-level search.” This displays reports for multiple facilities and reveals additional filters to focus the search on a particular state, Network, report type, or a combination of the three.

Corporate Users: Reports Search

Single Facility



Organizational-Level



View/Download Reports Summary

The *View/Download Reports* screen displays reports based on user roles and availability. To access:

1. Log in to EQRS with the HARP account via https://eqrs.cms.gov/globalapp/.
2. Click on QIP Scores.
3. Click on View/Download Reports.
4. Select Facility, if needed.
5. Select available reports.
6. Download selected reports.

How to Submit, Save, and Reply to Inquiries

Inquiries Overview

- This option allows users to submit inquiries to CMS to obtain more information about their facility's QIP scores. Users may also attempt to correct their QIP score, if they believe that a score is incorrect.
- Facility and Corporate POCs can draft and save inquiries, but saved inquiries are not viewable by other users and are not "Submitted."

Inquiries Overview (cont.)

- Inquiries are submitted by Facility and Corporate POCs. Other users can view submitted inquiries based on their role:
  - Facility-level users: View inquiries submitted for a facility within their purview.
  - Corporate-level users: View inquiries submitted for all facilities within an organization.
  - Network-level users: View inquiries submitted for all facilities within a Network service area.
- Facility and Corporate POCs can submit and reply to as many inquiries as necessary.
- Facility and Corporate POCs must check on an inquiry's status in the ESRD QIP UI until the inquiry is "Closed."

Inquiries Overview (cont.)

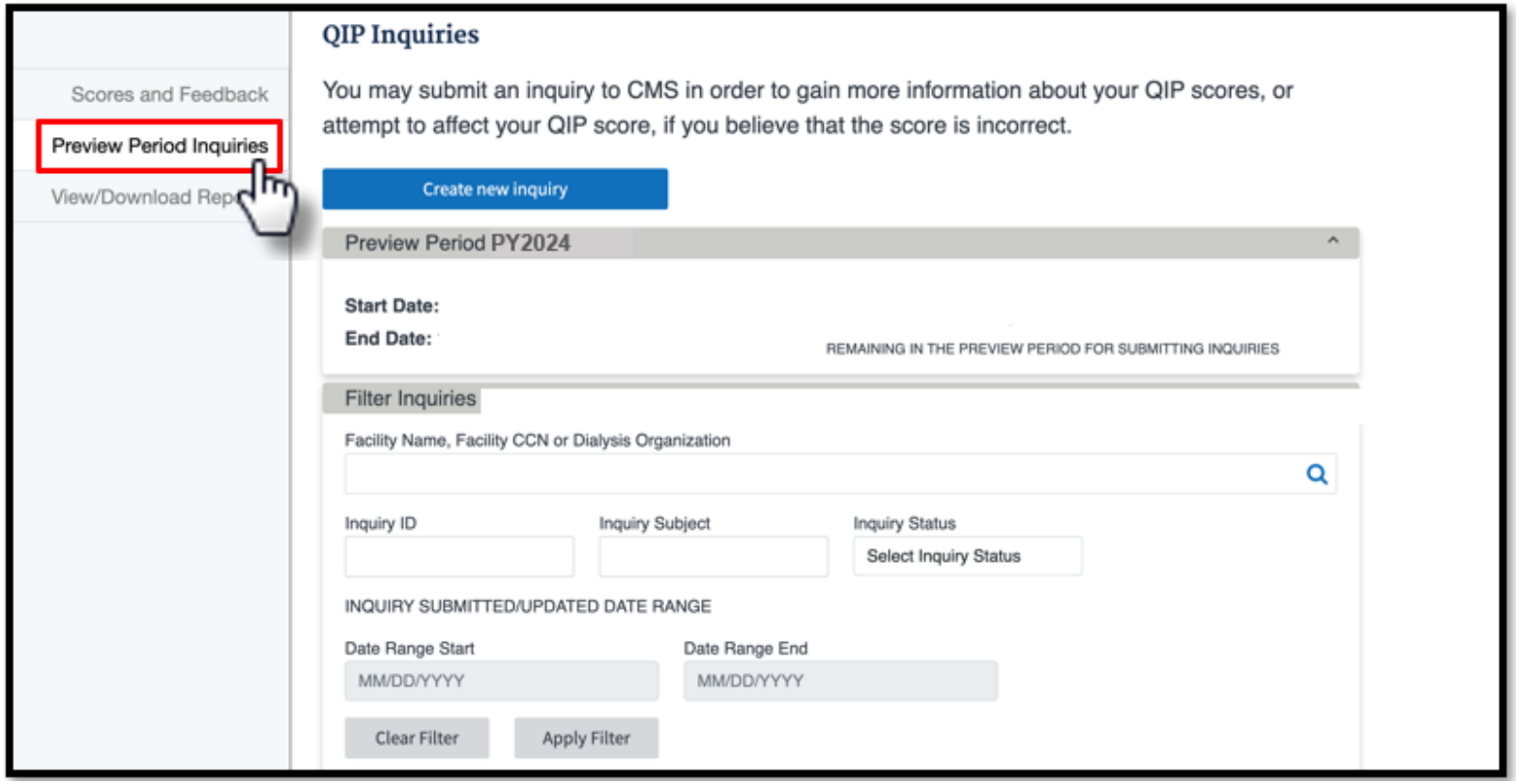
- Inquiries are submitted through an email-like form in the ESRD QIP UI and includes the following fields:
  - From
  - CC
  - Subject (50 characters maximum)
  - Message (25,000 characters maximum)
  - File attachment (10 megabytes per message)
- Use the ESRD QIP UI to submit and reply to preview period inquires.
- The “New Inquiry” submission feature will be disabled once the preview period ends.

Inquiry Submission Recommendations

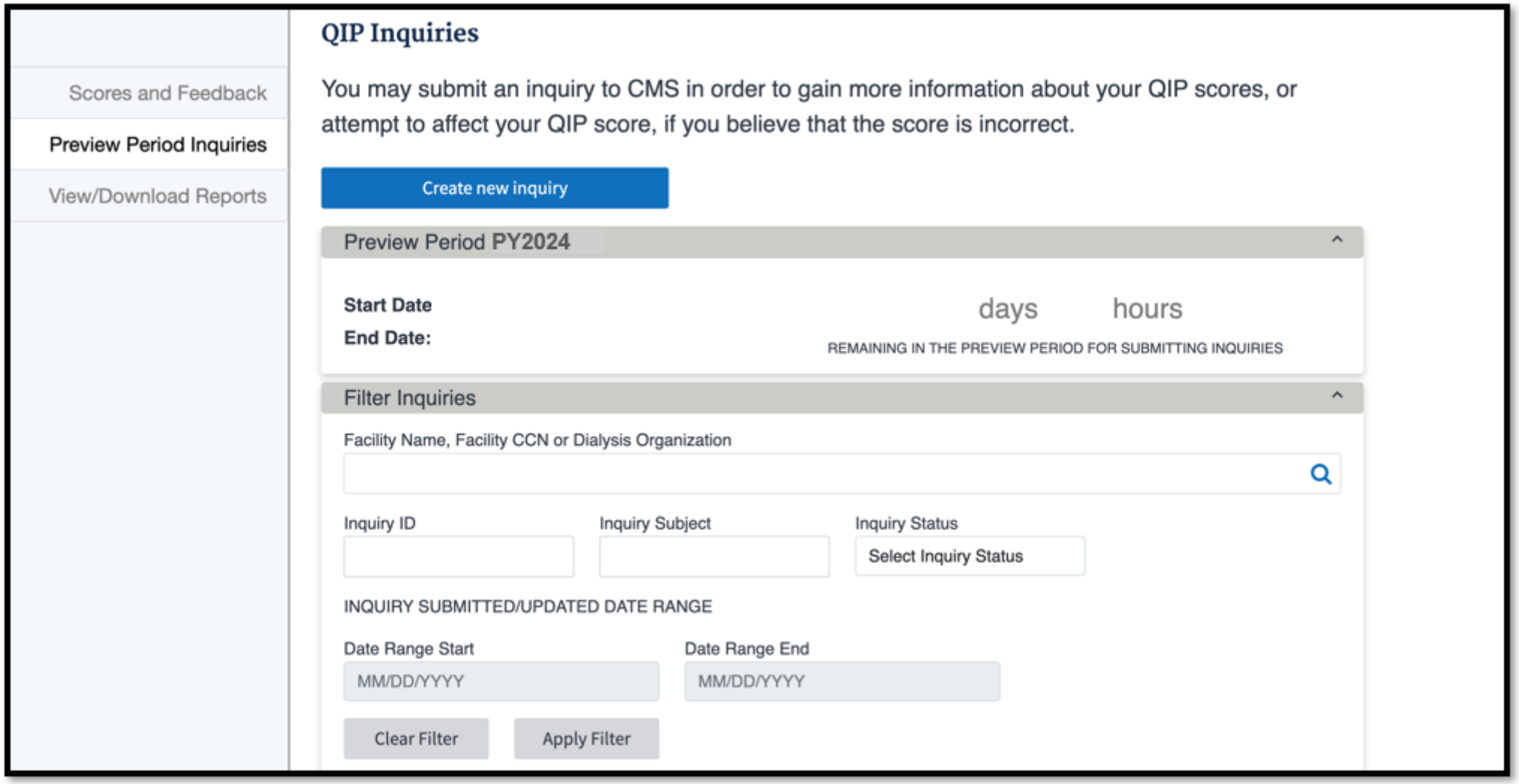
- Research and submit inquiries as soon as possible to provide enough time for necessary communications.
- Include as much information as possible and add the following:
  - CCNs of the facilities that are believed to be impacted
  - Evidence of organizational-level issue or error being reported
  - Indication of which records and why if questioning the use of specific data
    - Use the EQRS ID included in the PLR when referring to specific patients.
  - Attachments (optional)
- Direct questions about NHSN data to the NHSN Help Desk at (877) 681-2901 or nhsn@cdc.gov.

Click Preview Period Inquiries

1. Log in to EQRS with the HARP account via https://eqrs.cms.gov/globalapp/.
2. Click on QIP Scores.
3. Click on Preview Period Inquiries.



Inquiries Screen: Countdown and Filters



Inquiries Screen: Previously Submitted

Below is the list of inquiries meeting your filter criteria. Please select an inquiry ID to view all communication and attachments related to that message thread.

Inquiry ID	Facility	CCN	Subject	Date Created	Date Updated	Inquiry Status
10022	ABC Dialysis	123456	Inquiry related to Kt/V Performance Score	8/04/2023	08/08/2023	Waiting on CMS
10023	ABC Dialysis	123456	Inquiry related to Kt/V Performance Score	08/04/2023	08/04/2023	Waiting on CMS
10024	ABC Dialysis	123456	Inquiry related to SRR Performance Score	08/07/2023	08/07/2023	Draft
10025	ABC Dialysis	123456	Inquiry related to PPPW Performance Score	08/08/2023	08/08/2023	Draft
10026	ABC Dialysis	123456	Question Regarding QIP Score Calculation	08/08/2023	08/08/2023	Draft
10027	ABC Dialysis	123456	Question Regarding QIP	08/08/2023	08/08/2023	Draft
10028	ABC Dialysis	123456	Inquiry related to SHR measure	08/08/2023	08/08/2023	Draft
10029	ABC Dialysis	123456	Question related to Clinical Depression Measure	08/08/2023	08/08/2023	Draft
10030	ABC Dialysis	123456	Question Related to ICH CAHPS Measure	08/08/2023	08/08/2023	Draft
10031	ABC Dialysis	123456	Inquiry related to MedRec Measure	08/08/2023	08/08/2023	Draft

Page Size

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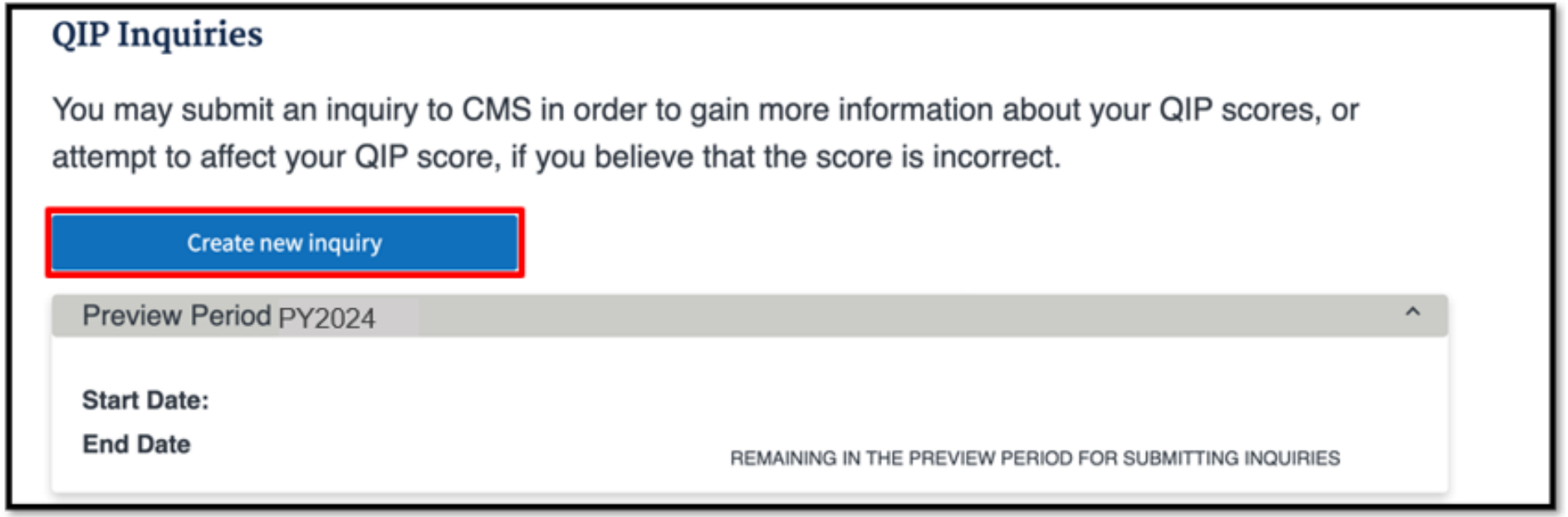
Showing 1 to 10 of 11 results 10

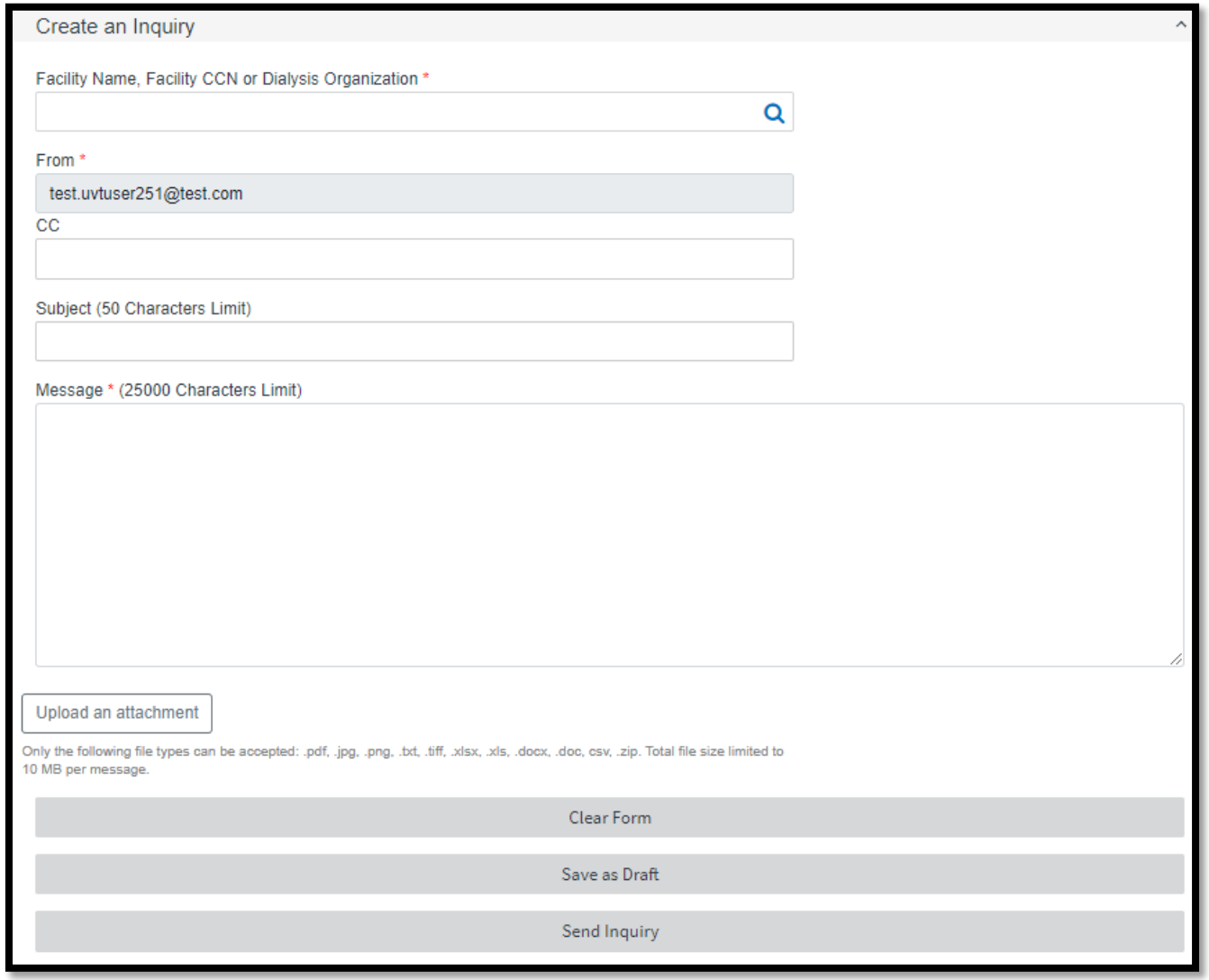
Click Create New Inquiry

1. Click on Create New Inquiry.



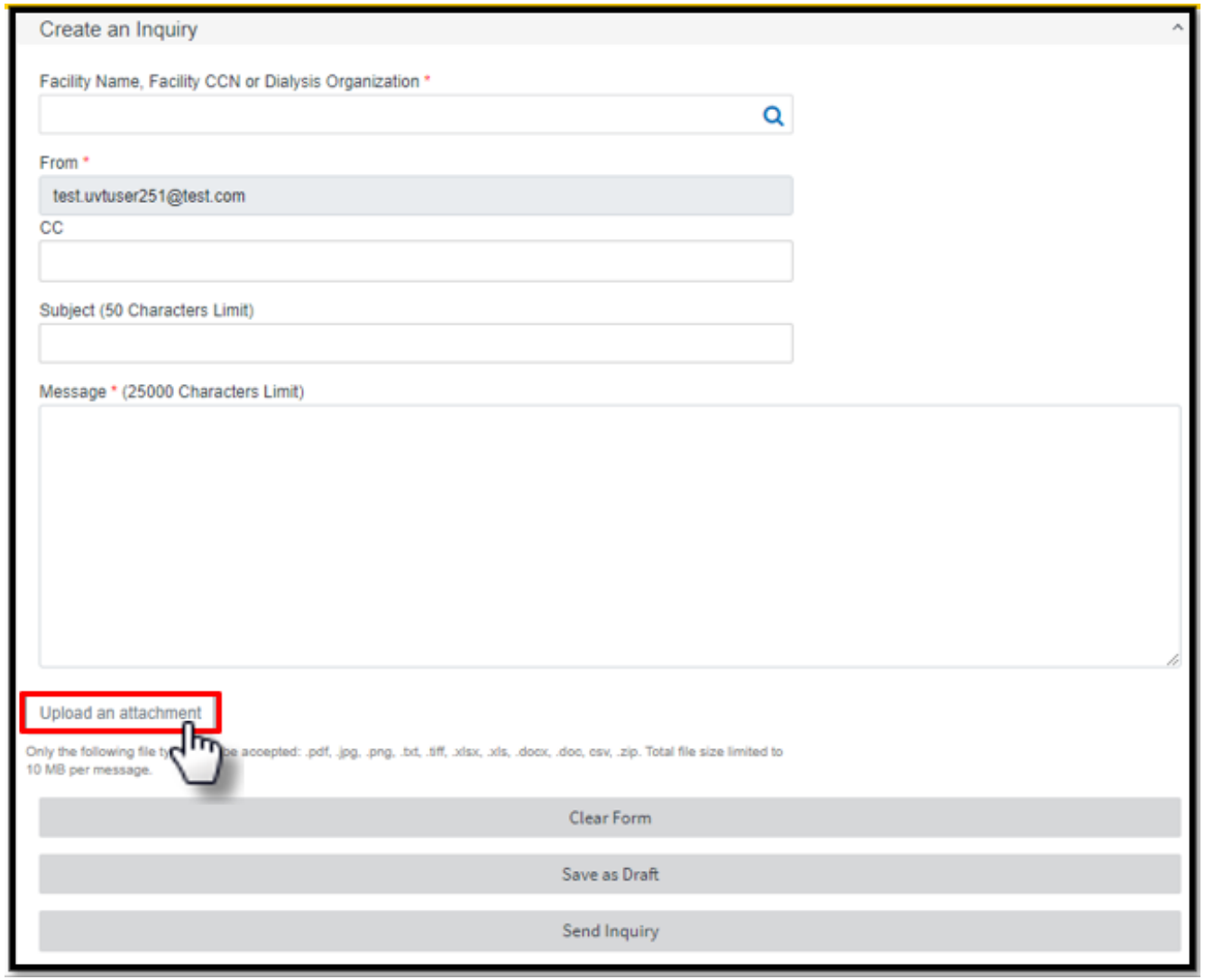
Enter Message

2. Enter Message.
   - Locate a facility in your purview.
   - The From field is pre-populated and cannot be changed.
   - The CC field optional.
   - The Subject field is optional but recommended.
   - The Message field is mandatory.



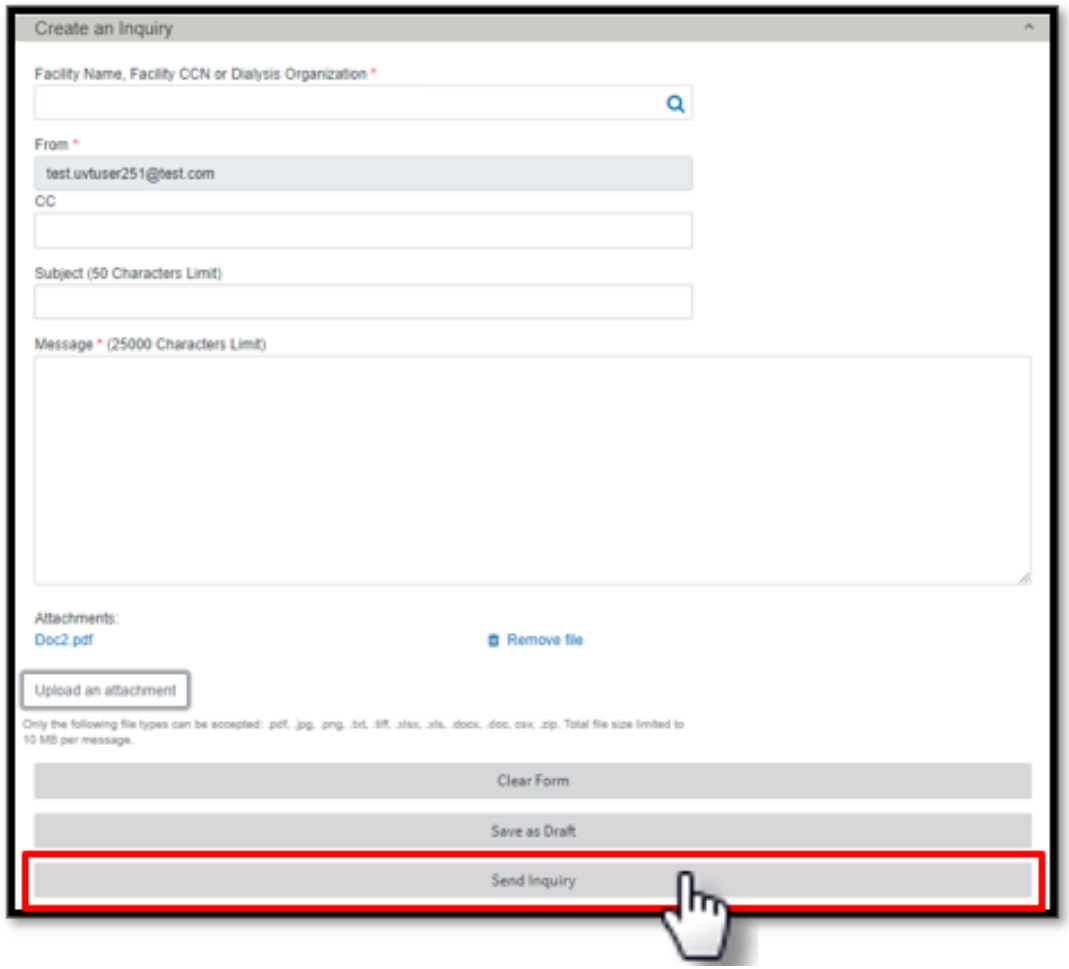
Attach Supporting Documents

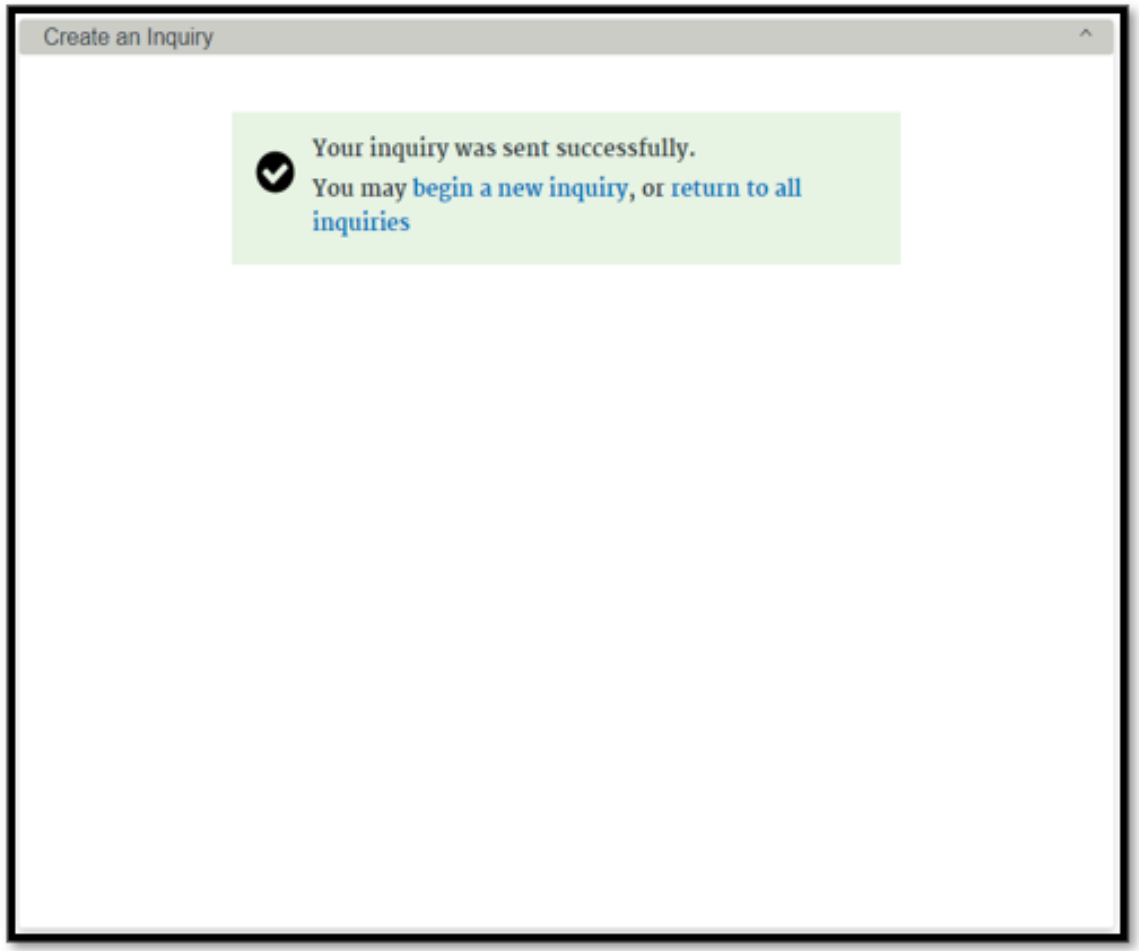
3. Click on Upload an attachment.
4. Browse for the desired file(s).
5. Click Open to attach the file(s).



Click Send Inquiry

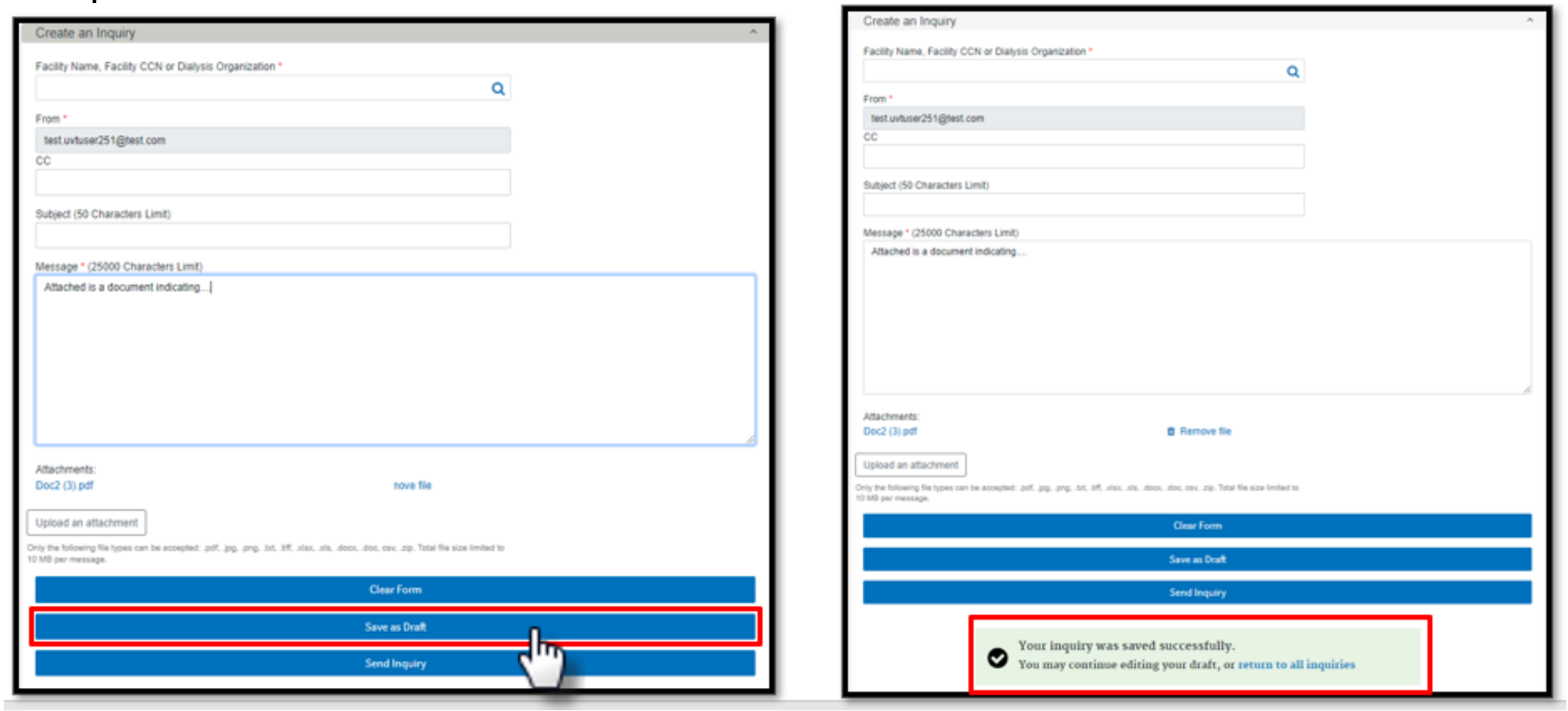
6. Click on Send inquiry. You will see: Your inquiry was sent successfully.





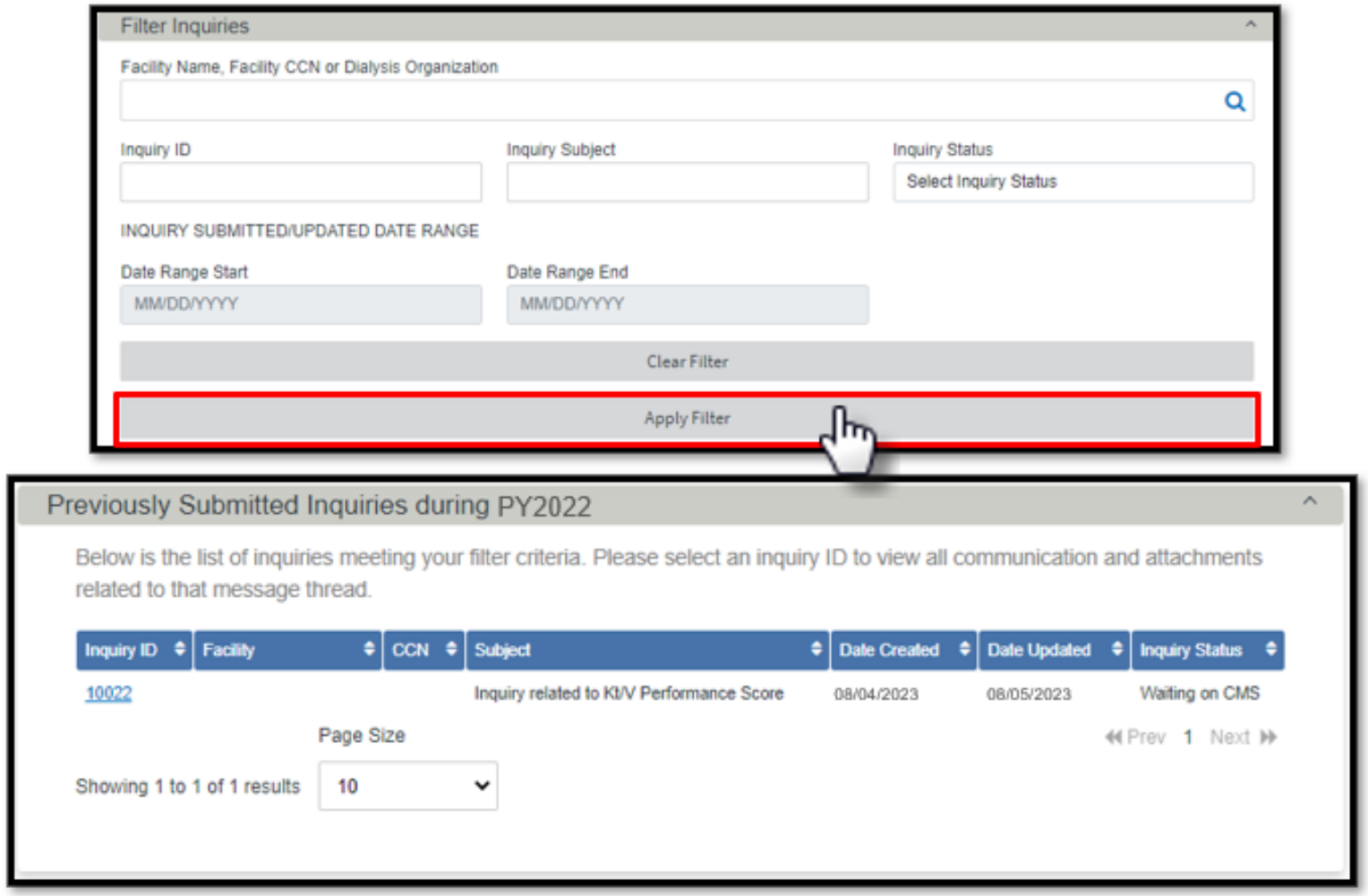
Save Inquiry as Draft

- After starting an inquiry, click Save As Draft. You will see: Your inquiry was saved successfully.
- The ESRD QIP UI prepopulates fields with saved data when the EQRS user returns to submit saved inquiries.



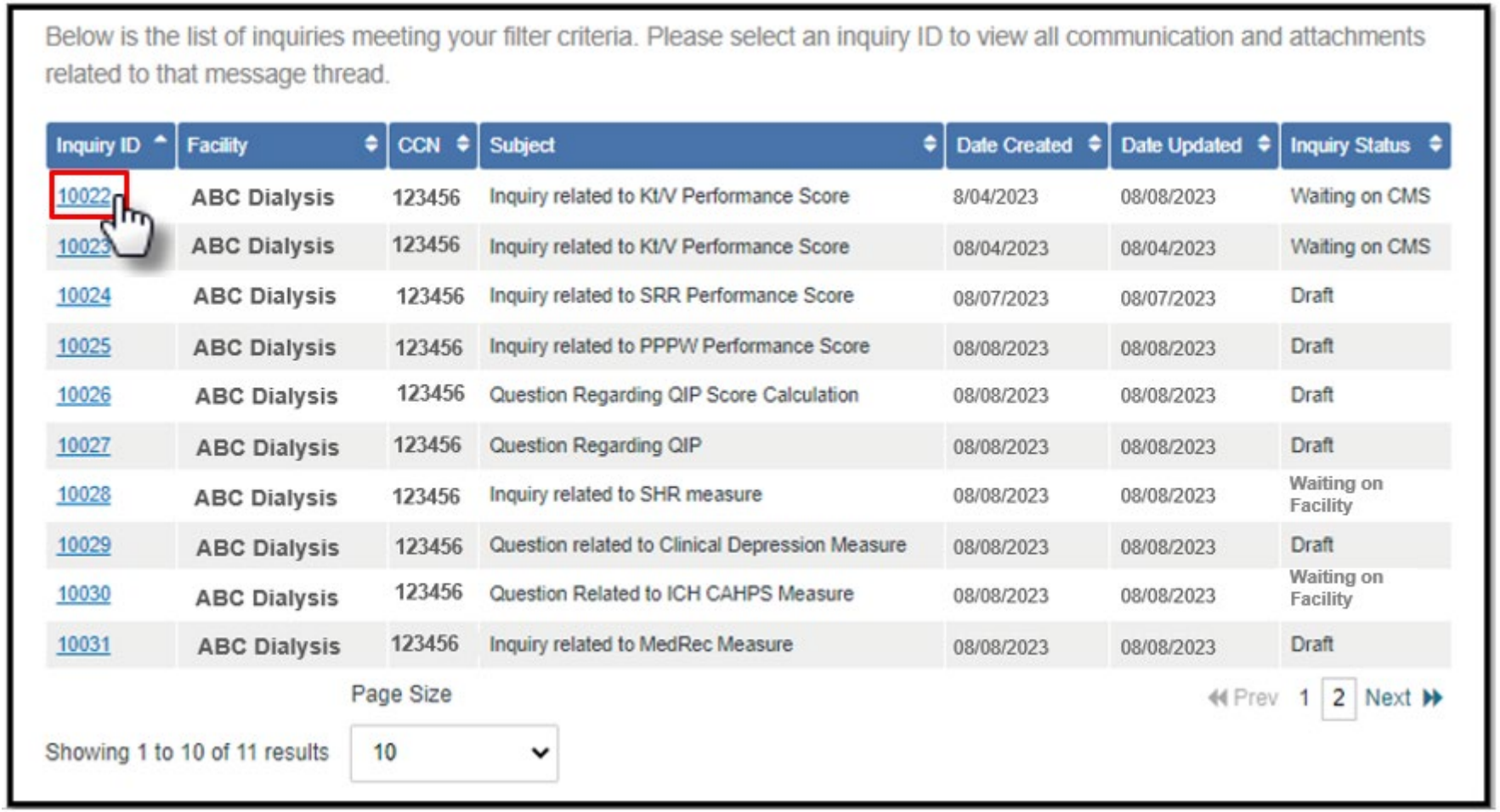
Replying to a Thread

1. From the *Preview Period Inquiries* screen, enter a search criteria and go to the *Previously Submitted Inquiries* section.



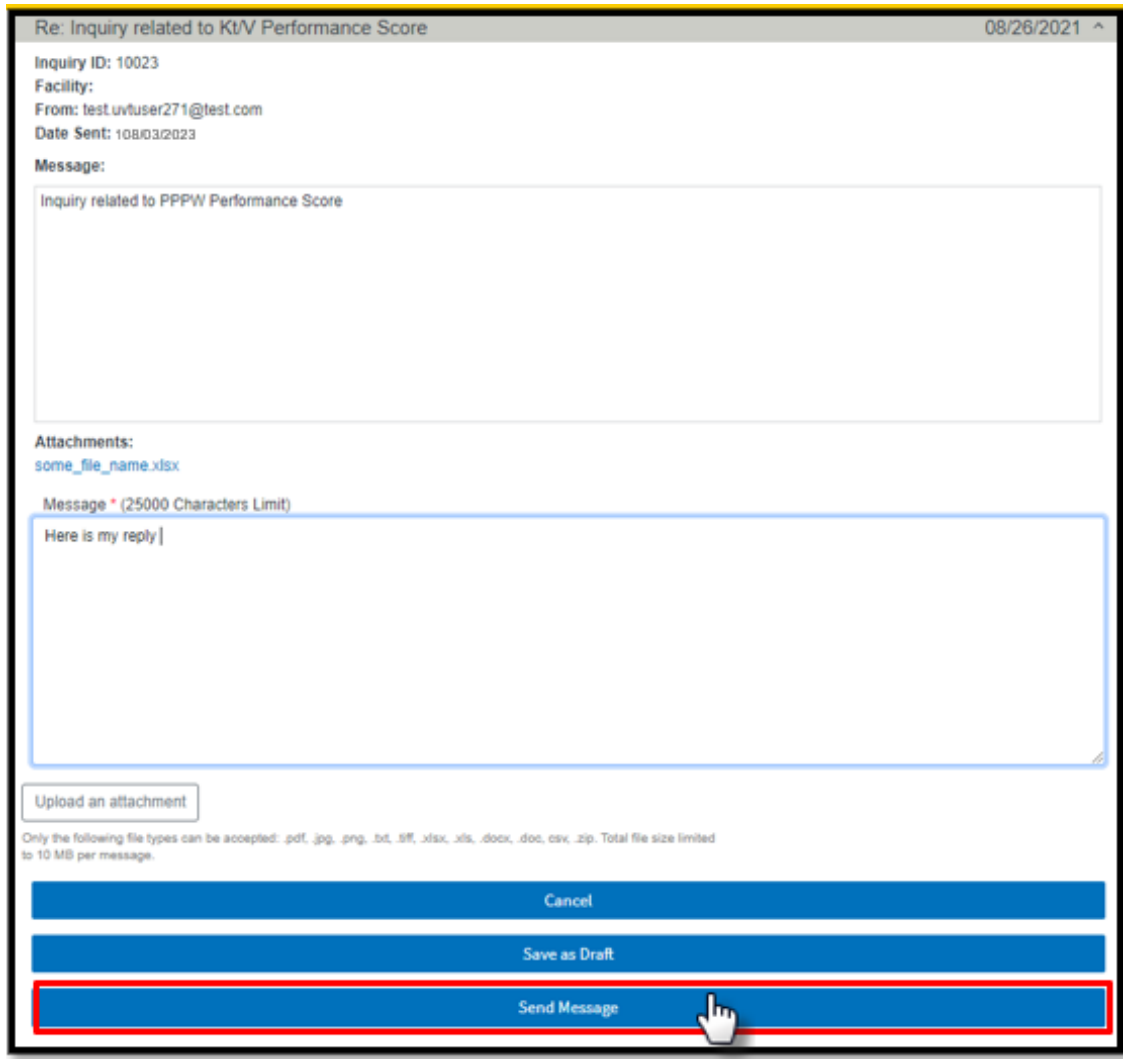
Click Inquiry ID

2. Click the Inquiry ID to view the thread.



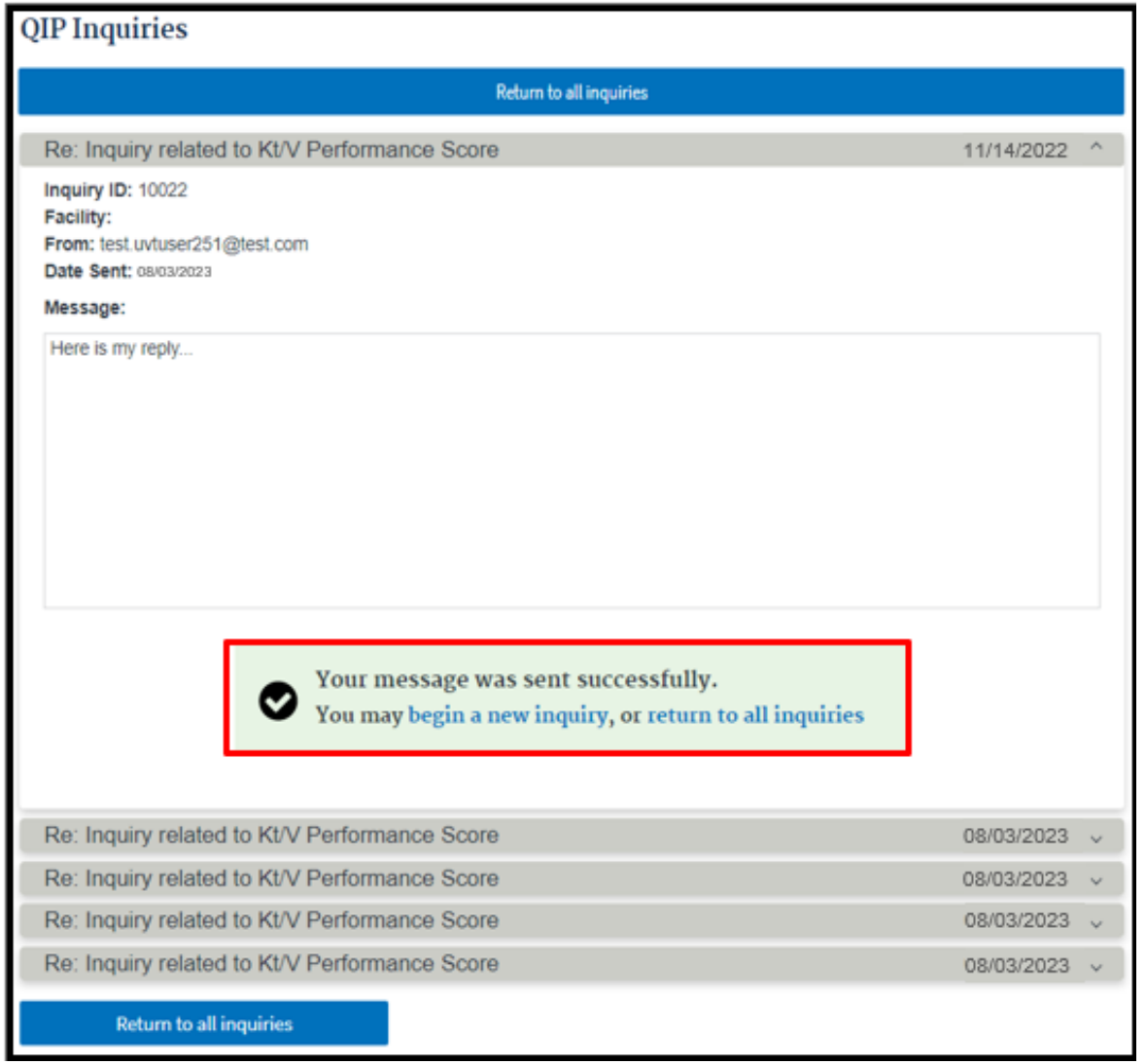
Click Send Message

3. Enter a reply in Message text box.
4. Click on Send message.
   - The Message field and Upload An Attachment option are enabled.
     - The latest message in the thread displays at the top.
     - The Inquiry ID, Facility, From, and Date Sent fields and previously sent messages are not editable.



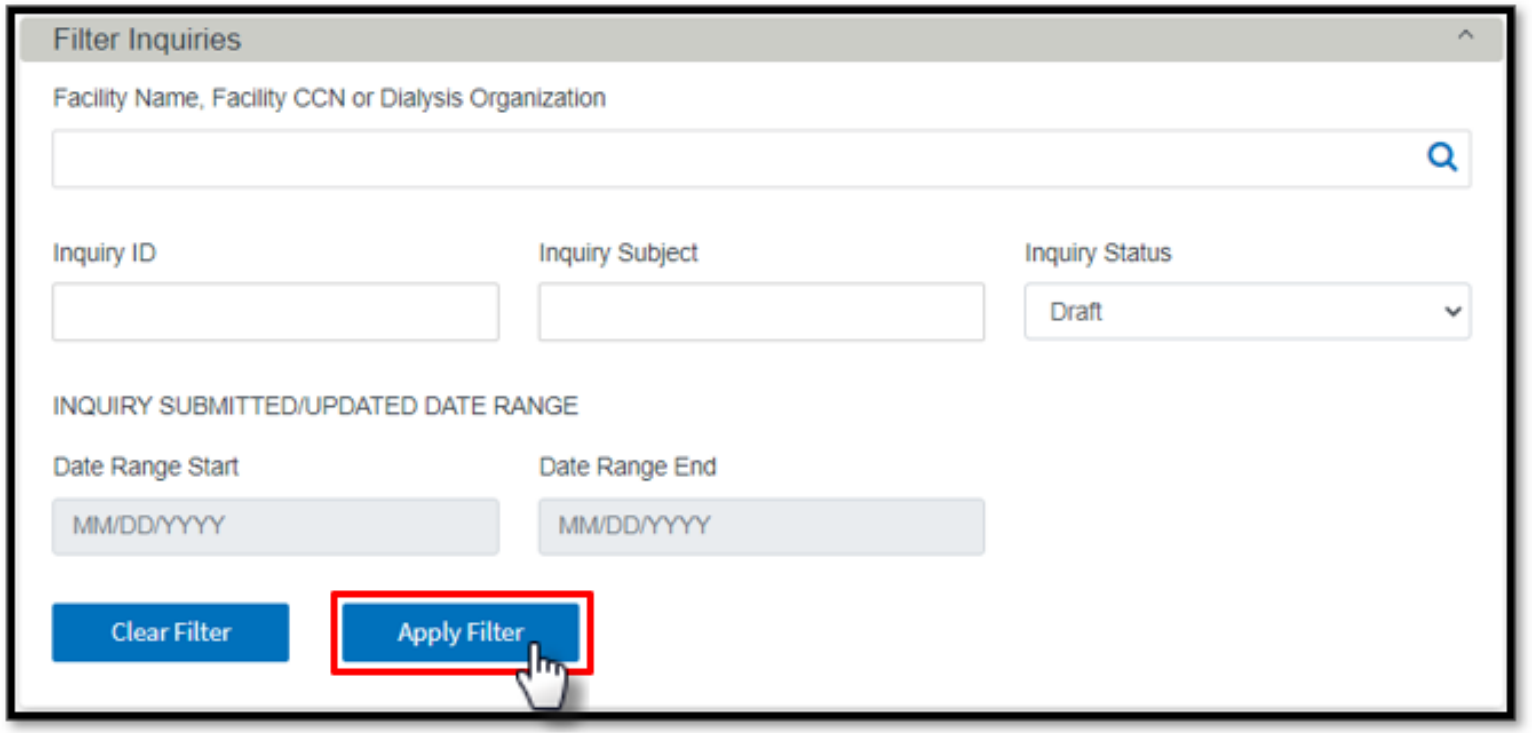
Thread Reply Sent Successfully

REMINDER: Facility and Corporate POCs must check on an inquiry's status in the ESRD QIP UI until the inquiry is Closed.



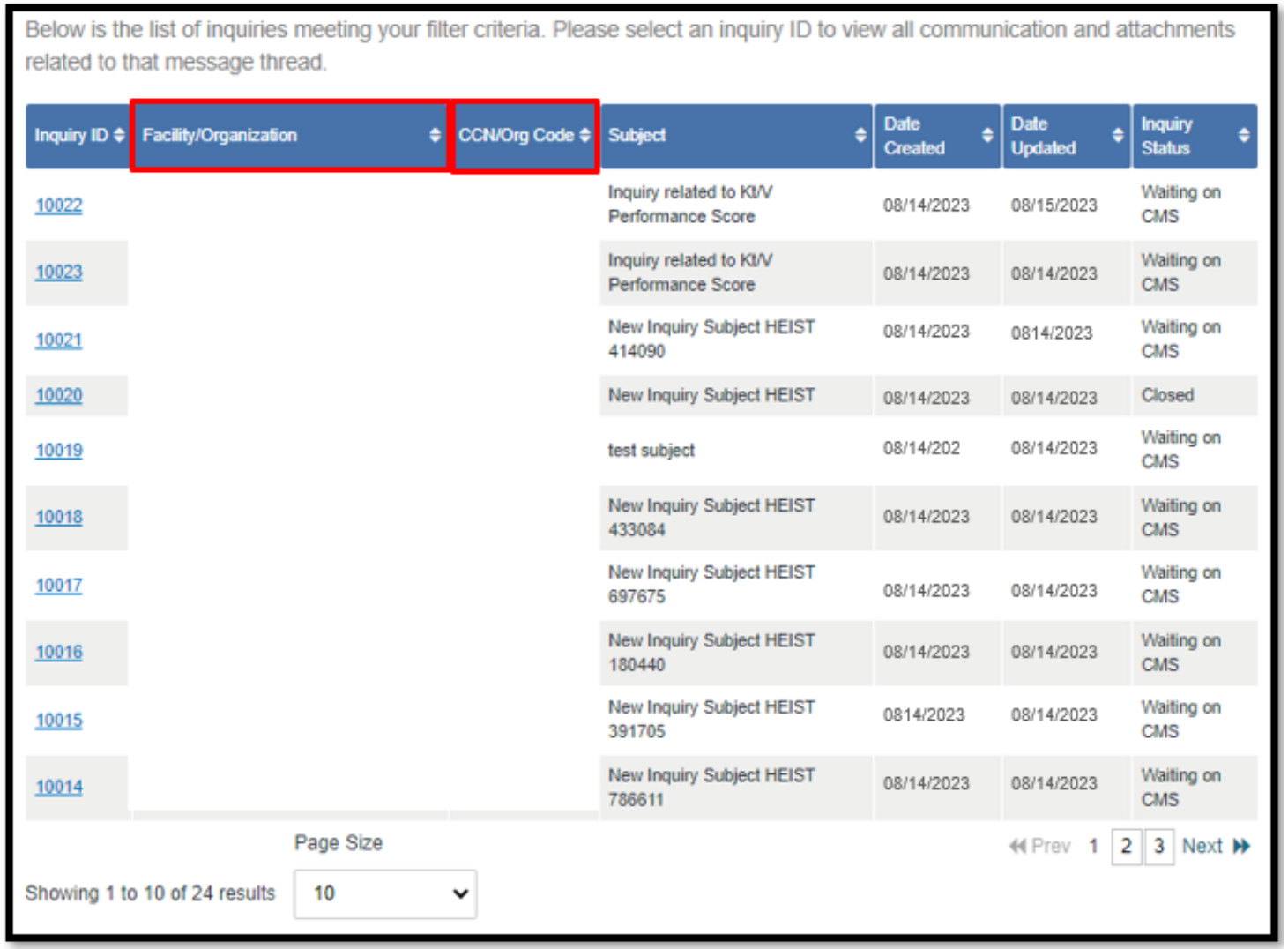
Corporate Users: Inquiries Screens

- The steps to access the *Preview Period Inquiries* screen are the same for all users.
- The *Filter Inquiries* section is automatically expanded for corporate-level users.
- Click on Create A New Inquiry or enter a search criteria to display previously submitted inquiries.



Corporate Users: Previously Submitted Inquiries

Corporate Facility and Corporate POCs can view both organization-level inquiries for their organization and facility-level inquiries under their purview. Thus, two column headers are modified for their view.



Below is the list of inquiries meeting your filter criteria. Please select an inquiry ID to view all communication and attachments related to that message thread.

Inquiry ID	Facility/Organization	CCN/Org Code	Subject	Date Created	Date Updated	Inquiry Status
10022			Inquiry related to Kt/V Performance Score	08/14/2023	08/15/2023	Waiting on CMS
10023			Inquiry related to Kt/V Performance Score	08/14/2023	08/14/2023	Waiting on CMS
10021			New Inquiry Subject HEIST 414090	08/14/2023	0814/2023	Waiting on CMS
10020			New Inquiry Subject HEIST	08/14/2023	08/14/2023	Closed
10019			test subject	08/14/202	08/14/2023	Waiting on CMS
10018			New Inquiry Subject HEIST 433084	08/14/2023	08/14/2023	Waiting on CMS
10017			New Inquiry Subject HEIST 697675	08/14/2023	08/14/2023	Waiting on CMS
10016			New Inquiry Subject HEIST 180440	08/14/2023	08/14/2023	Waiting on CMS
10015			New Inquiry Subject HEIST 391705	0814/2023	08/14/2023	Waiting on CMS
10014			New Inquiry Subject HEIST 786611	08/14/2023	08/14/2023	Waiting on CMS

Page Size

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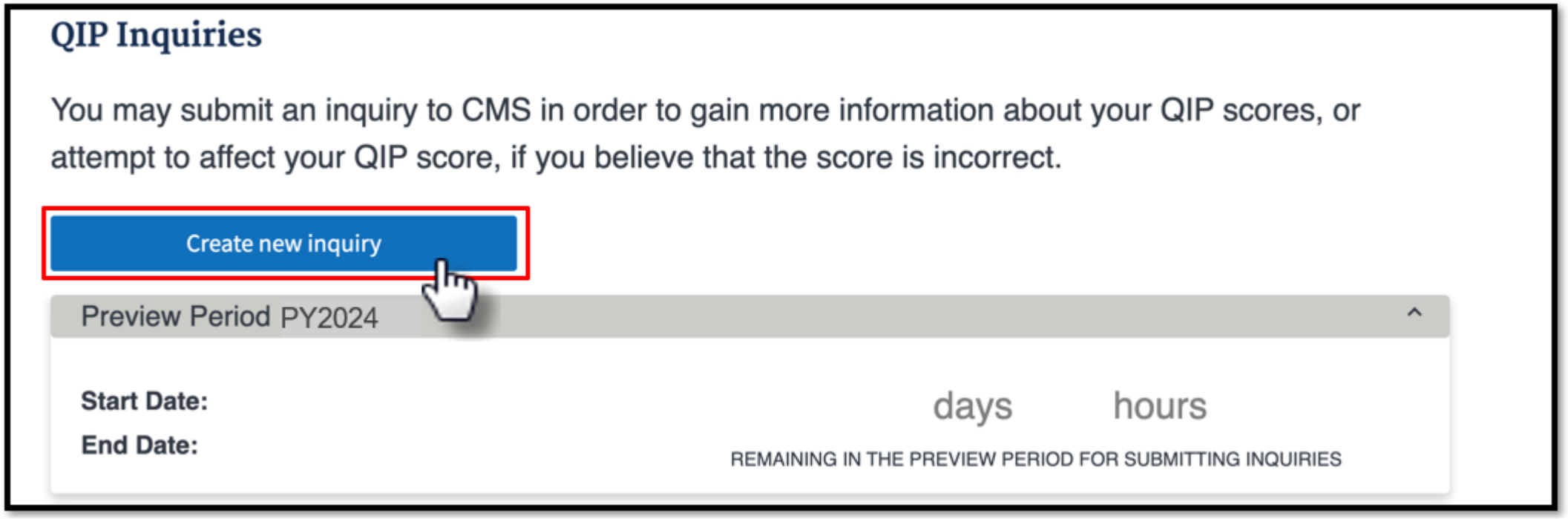
Showing 1 to 10 of 24 results 10

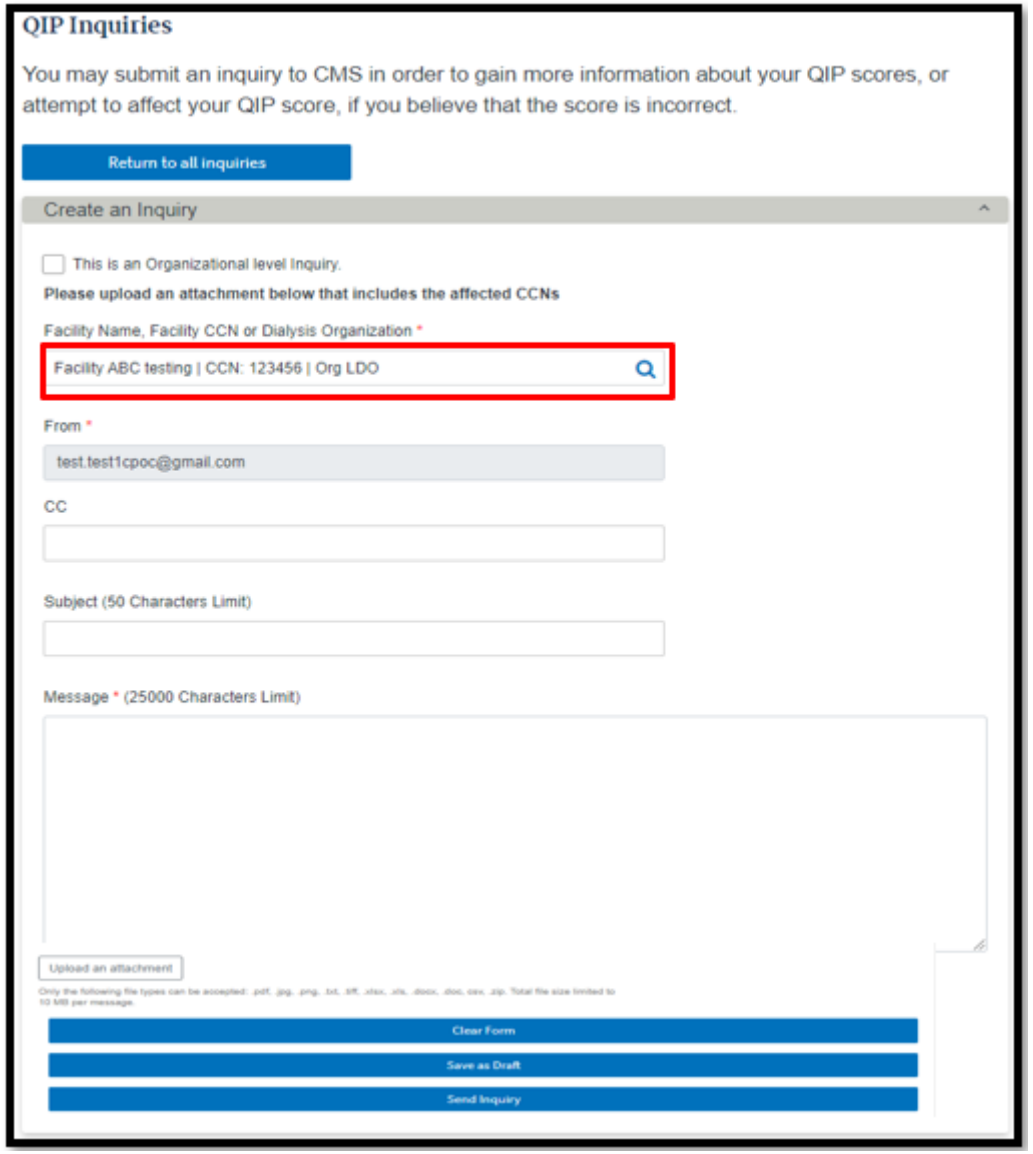
Corporate Users: Click Create New Inquiry

1. Click on Create New Inquiry.



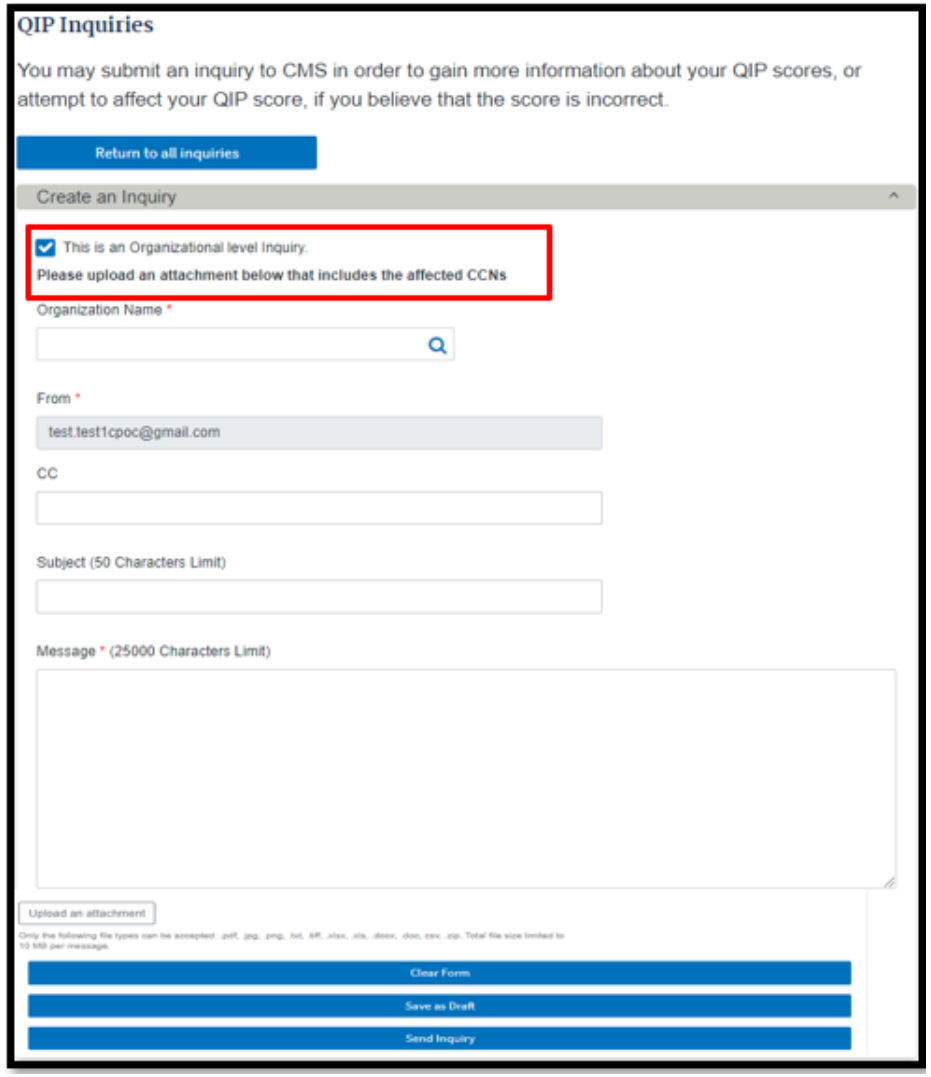
Corporate Users: Facility-Level Inquiries

2. If the inquiry is for a single facility, do not click on “This is an organizational-level inquiry.” Instead, use the Facility selection search box.



Corporate Users: Organizational-Level Inquiries

3. If the inquiry is an organizational-level inquiry, click: This is an organizational-level inquiry. This will hide the Facility selection search box.



Corporate Users: Inquiries

- The remaining steps for attaching files, submitting an inquiry, or saving a draft inquiry are the same as a Facility POC.
- The steps for replying to a message thread are also basically the same as a Facility POC. The only visual difference is on the case of selecting an organizational inquiry, which uses the organization name instead of the facility name.

Inquiries Summary

- POCs may submit and/or reply to as many inquiries as necessary during the preview period.
- The ESRD QIP UI features one inquiry type. To access:
  1. Log in to EQRS with the HARP account via https://eqrs.cms.gov/globalapp/.
  2. Click on QIP Scores.
  3. Click on Preview Period Inquiries.
  4. Click on Create New Inquiry or review previously submitted inquiries.
- Facility and Corporate POCs submit inquiries.
- Other users can view submitted inquiries.
- Previously submitted inquires are viewable in the ESRD QIP UI.

Requesting Further Assistance

PY 2024 Preview Period Materials

- ESRD QIP Preview Period supporting materials are available via the QualityNet website: https://qualitynet.cms.gov/esrd/esrdqip/resources#tab2
- PY 2024 supporting materials include the following:
  - *PY 2024 Guide to the ESRD QIP Performance Score Report*
  - *PY 2024 ESRD QIP UI Quick Start Guide*
- Click Download to access the PY 2024 ESRD QIP supporting materials.

File Name	File Type	File Size	
PY 2024 Guide to the ESRD QIP Performance Score Reports (PSRs) (July 2023)	PDF	361 KB	Download
PY 2024 ESRD QIP User Interface Quick Start Guide (July 2023)	PDF	448 KB	Download

Questions

Question Type	Contact Information
General ESRD QIP questions **and** **EQRS training-related questions** (Use the ESRD QIP UI to submit formal preview period inquiries.)	QualityNet Q&A Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
EQRS system-related questions or issues	CCSQ Service Center: • Phone: 1-866-288-8912 • Email: qnetsupport-esrd@cms.hhs.gov • CCSQ Support Central: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

PY 2024 ESRD QIP Preview Period

Purpose

This portion of the presentation will provide an overview of the PY 2024 ESRD QIP Preview Period:

- A summary of performance measures used in the ESRD QIP
- Details on receiving and interpreting the PSRs
- An overview of PSRs and PLRs
- A summary of preview period activities

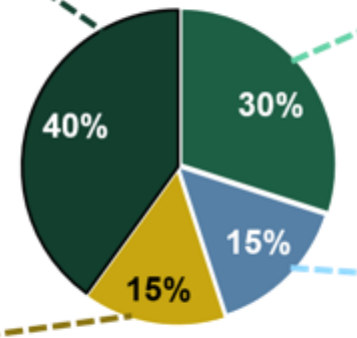
PY 2024 Preview Period Timeline

- The preview period started on July 17, 2023, and **ends on August 17, 2023, at 11:59 p.m. PT**.
- CMS will respond to inquiries received before the preview period ends; responses to some inquiries may be delivered after the preview period closes.

PY 2024 Performance Measures Overview

Clinical Care Domain - 40% of TPS
- Kt/V Dialysis Adequacy Comprehensive measure
- Vascular Access measure:
  - Standardized Fistula Rate
  - Long-Term Catheter Rate
- Hypercalcemia measure
- Standardized Transfusion Ratio (STrR) reporting measure
- Ultrafiltration Rate (UFR) measure

Care Coordination Domain - 30% of TPS
- Standardized Hospitalization Ratio (SHR) measure ★
- Standardized Readmission Ratio (SRR) measure ★
- Clinical Depression Screening & Follow-Up reporting measure
- Percentage of Prevalent Patients Waitlisted (PPPW) measure



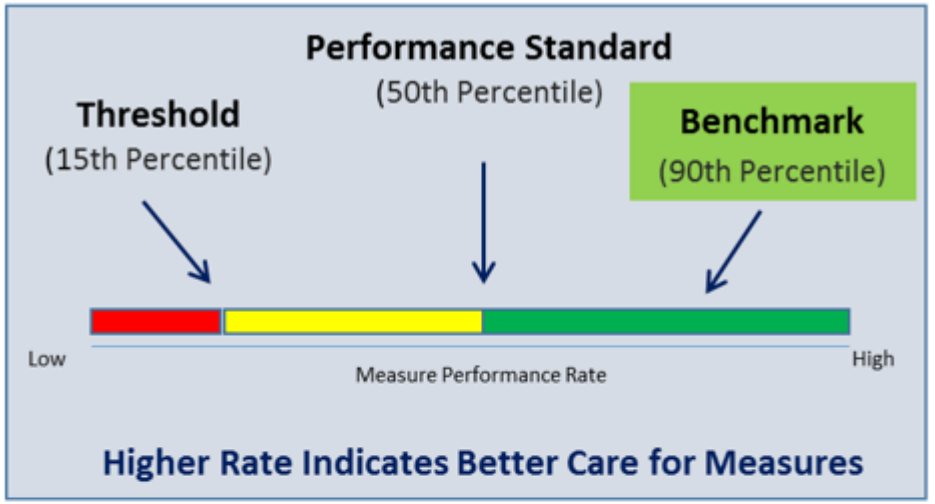
Safety Domain - 15% of TPS
- NHSN Bloodstream Infection (BSI) measure
- NHSN Dialysis Event Reporting measure
- Medication Reconciliation (MedRec) measure

Patient & Family Engagement Domain - 15% of TPS
- ICH CAHPS measure

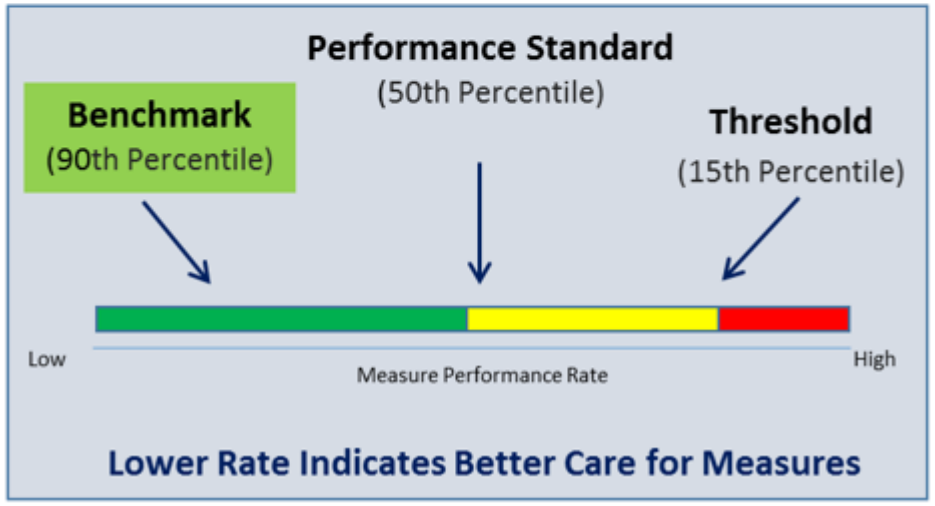
★ Beginning in PY 2024 SHR and SRR measure results will be expressed as rates.

PY 2024 Clinical Measures: Directionality

- Kt/V Dialysis Adequacy (Comprehensive)
- Vascular Access-Standardized Fistula Rate
- ICH CAHPS
- PPPW

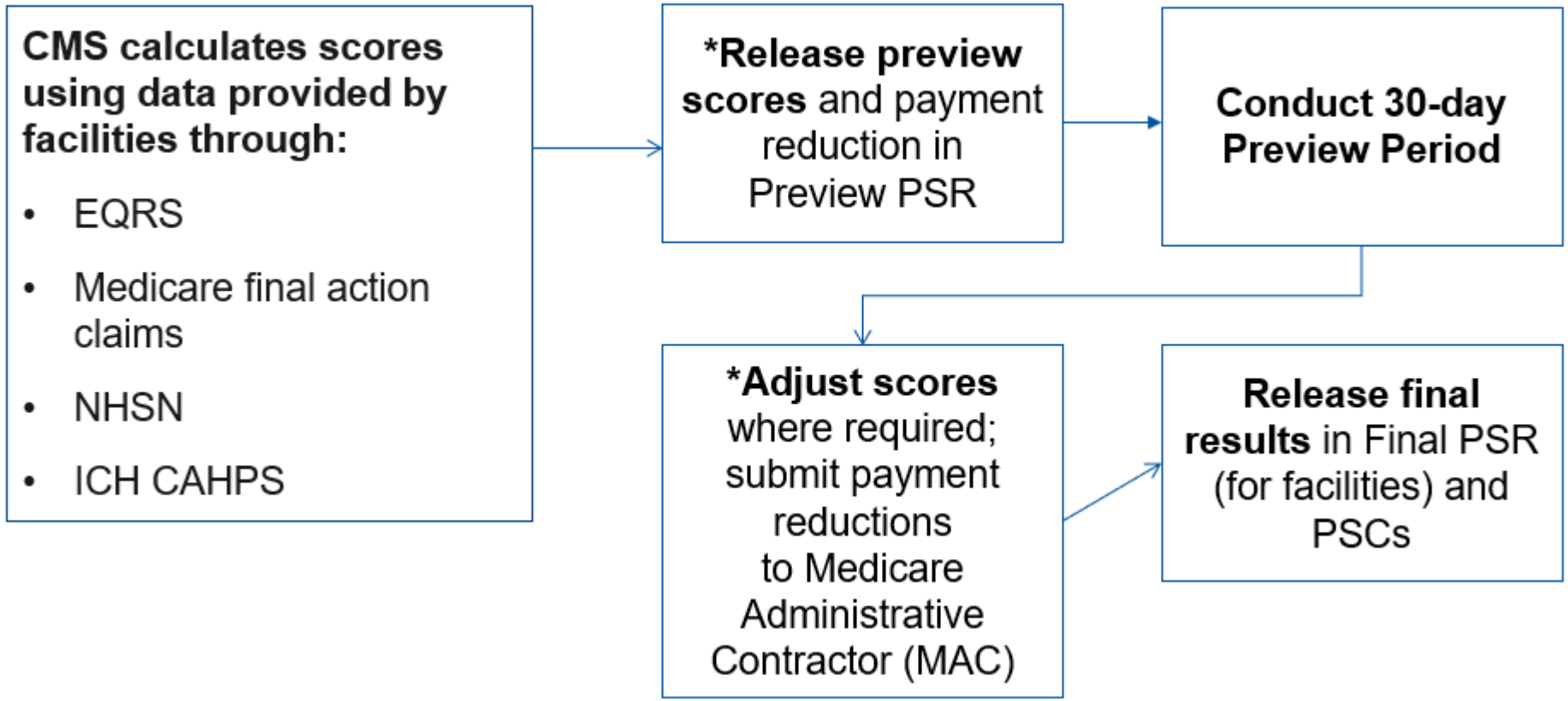


- Vascular Access-Long-Term Catheter Rate
- NHSN Bloodstream Infection
- Hypercalcemia
- SRR
- SHR



Scoring Facility Performance

Per the CY 2022 ESRD PPS Final Rule, the mTPS will be 57 to avoid an ESRD QIP penalty.



PY 2024: Scoring Facility Performance

- The **ESRD QIP scoring for PY 2024** will include the following:
  - SHR and SRR measure results expressed as rates
  - Minimum Total Performance Score (mTPS) of **57** for PY 2024
  - PY 2024 performance standards calculated using CY 2019 data
- For more details, refer to the CY 2022 and 2023 ESRD PPS Final Rules posted to the ***Federal Register*** website.

Understanding Your ESRD QIP Reports

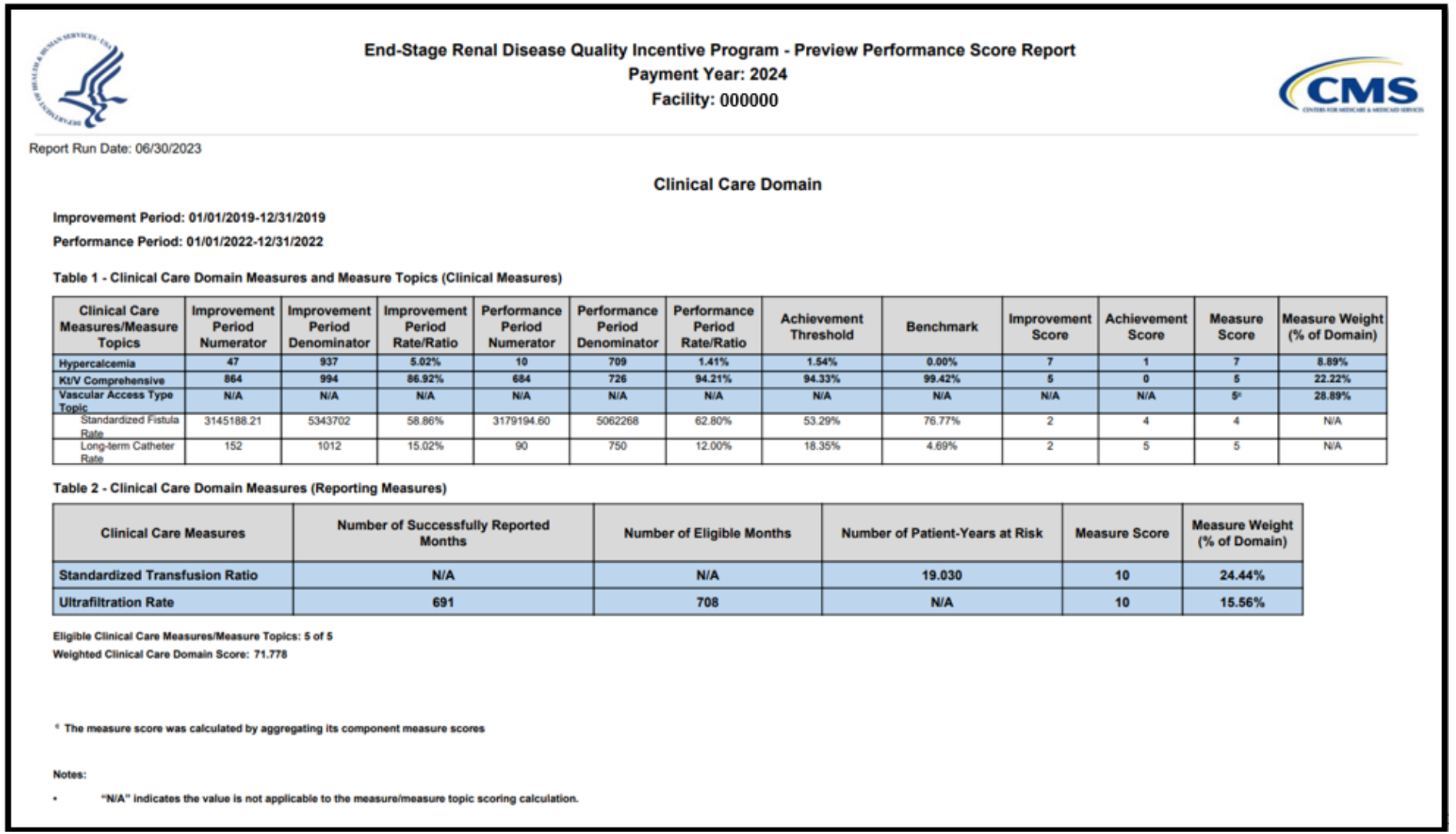
PY 2024 Preview Performance Score Report Contents

- Your PY 2024 Preview PSR contains results and scores based on data submitted for each eligible PY 2024 measure.
- Per the CY 2022 ESRD PPS Final Rule:
  - The mTPS is 57 for PY 2024.
  - PY 2024 performance standards are calculated using CY 2019 data.

Additional information is available on the CMS.gov website in the *PY 2024 Guide to the ESRD QIP Performance Score Report*, available on the Resources page of CMS.gov.

Review Preview Period Reports

For additional details on PY 2024 ESRD QIP scoring policies, refer to the CY 2022 and 2023 ESRD PPS Final Rule documents on the *Federal Register* website.



End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report
Payment Year: 2024
Facility: 000000

Report Run Date: 06/30/2023

Clinical Care Domain

Improvement Period: 01/01/2019-12/31/2019

Performance Period: 01/01/2022-12/31/2022

Table 1 - Clinical Care Domain Measures and Measure Topics (Clinical Measures)

Clinical Care Measures/Measure Topics	Improvement Period Numerator	Improvement Period Denominator	Improvement Period Rate/Ratio	Performance Period Numerator	Performance Period Denominator	Performance Period Rate/Ratio	Achievement Threshold	Benchmark	Improvement Score	Achievement Score	Measure Score	Measure Weight (% of Domain)
Hypercalcemia	47	937	5.02%	10	709	1.41%	1.54%	0.00%	7	1	7	8.89%
Kt/V Comprehensive	864	994	86.92%	684	726	94.21%	94.33%	99.42%	5	0	5	22.22%
Vascular Access Type Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5[6]	28.89%
Standardized Fistula Rate	3145188.21	5343702	58.86%	3179194.60	5062268	62.80%	53.29%	76.77%	2	4	4	N/A
Long-term Catheter Rate	152	1012	15.02%	90	750	12.00%	18.35%	4.69%	2	5	5	N/A

Table 2 - Clinical Care Domain Measures (Reporting Measures)

Clinical Care Measures	Number of Successfully Reported Months	Number of Eligible Months	Number of Patient-Years at Risk	Measure Score	Measure Weight (% of Domain)
Standardized Transfusion Ratio	N/A	N/A	19.030	10	24.44%
Ultrafiltration Rate	691	708	N/A	10	15.56%

Eligible Clinical Care Measures/Measure Topics: 5 of 5

Weighted Clinical Care Domain Score: 71.778

[6] The measure score was calculated by aggregating its component measure scores

Notes:

- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.

Sample PSR

End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report
Payment Year: 2024
Facility: 000000

Report Run Date: 06/30/2023

Preview Performance Score

Table 8 - Preview Performance Score Details

Category	Facility Score	State Average Score*	National Average Score*	Facility Measure Weights	Facility Weighted Score
Total Performance Score Before Applicable Deductions+	**45**	**61**	**64**	**N/A**	**N/A**
Clinical Care Domain (45.00%)	**71.778**	**64.537**	**64.472**	**N/A**	**32.3000**
Hypercalcemia	7	5	6	8.89%	0.6223
KI/V Comprehensive	5	5	5	22.22%	1.1110
Standardized Transfusion Ratio Reporting	10	10	10	24.44%	2.4440
Ultrafiltration Rate	10	10	10	15.56%	1.5560
Vascular Access Type Topic	5	5	4	28.89%	1.4445
Care Coordination Measures Domain (35.00%)	**19.786**	**51.939**	**55.134**	**N/A**	**6.9250**
Clinical Depression Screening and Follow Up Reporting	10	10	10	9.29%	0.9290
Percentage of Prevalent Patients Waitlisted	7	5	4	15.00%	1.0500
Standardized Hospitalization Ratio	0	5	6	37.86%	0.0000
Standardized Readmission Ratio	0	5	5	37.86%	0.0000
Safety Domain (20.00%)	**28.333**	**73.410**	**82.131**	**N/A**	**5.6667**
Medication Reconciliation Reporting	10	9	9	28.33%	2.8330
NHSN Bloodstream Infection	0	6	7	48.33%	0.0000
NHSN Dialysis Event Reporting	0	9	10	23.33%	0.0000
Patient And Family Engagement Domain (0.00%)	**No Score**	**37.722**	**43.265**	**N/A**	**-**
ICH CAHPS	No Score	4	4	-	-

*** State and National Average Scores are unweighted**

Minimum Total Performance Score: 57 points
Extraordinary Circumstance Exception Approved:
+Total Performance Score Before Applicable Deductions: 45 points
Reduction for Noncompliance with CMS EQRS or NHSN Validation Studies: 0 points
Total Performance Score: 45 points
Total Payment Reduction: 1.0%

Please consult the CMS ESRD Measures Manual (https://www.cms.gov/files/document/esrd-measures-manual-v71.pdf) and the CMS ESRD QIP Guide to the PSR (https://qualitynet.org/esrd/esrdqip/reports) for additional details on scoring calculations.

Supplemental Reports

The following reports are also available in EQRS:

- PY 2024 Preview PLR
- PY 2024 Preview PSSR (available to Corporate POCs)

Preview Patient List Report (PLR)

Contents

- List of patients that were included in the measure calculation
  - Each patient identified by name, Medicare Beneficiary Identifier (MBI), MBI History, and EQRS Patient ID
- Indication of which patients were included in the numerator and denominator

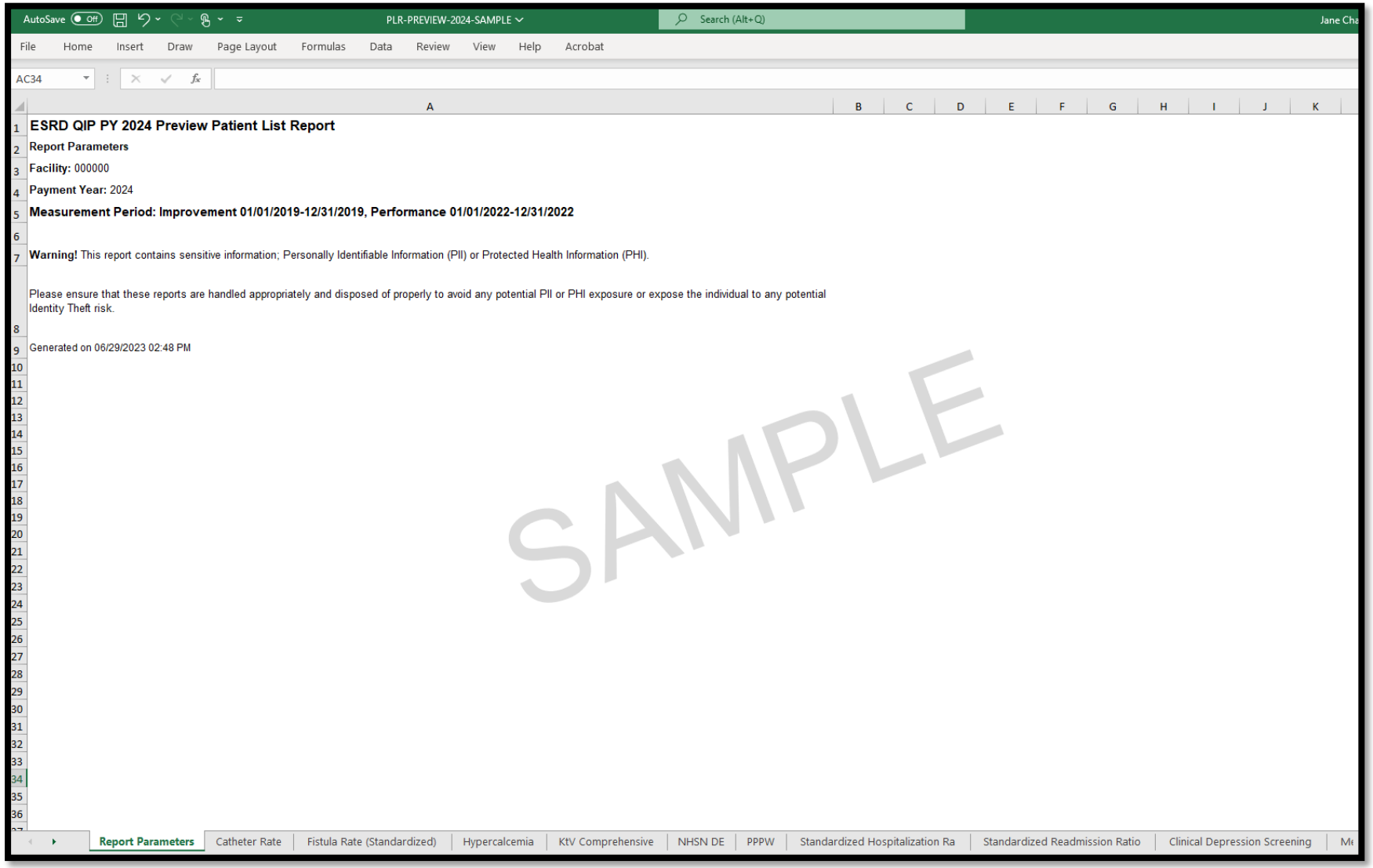
Purpose

- To better understand which data were used in the measure calculations
- To confirm that the data used in the measure calculations are correct

If the data in the report appear incorrect:

- Submit an inquiry with specific patient information for clarification/confirmation.
  The EQRS Patient ID is the only patient identifier that should be used in inquiries.
- If confirmed that the data are incorrect, and not due to an error on the part of the facility, submit an inquiry to request a change.

Sample PLR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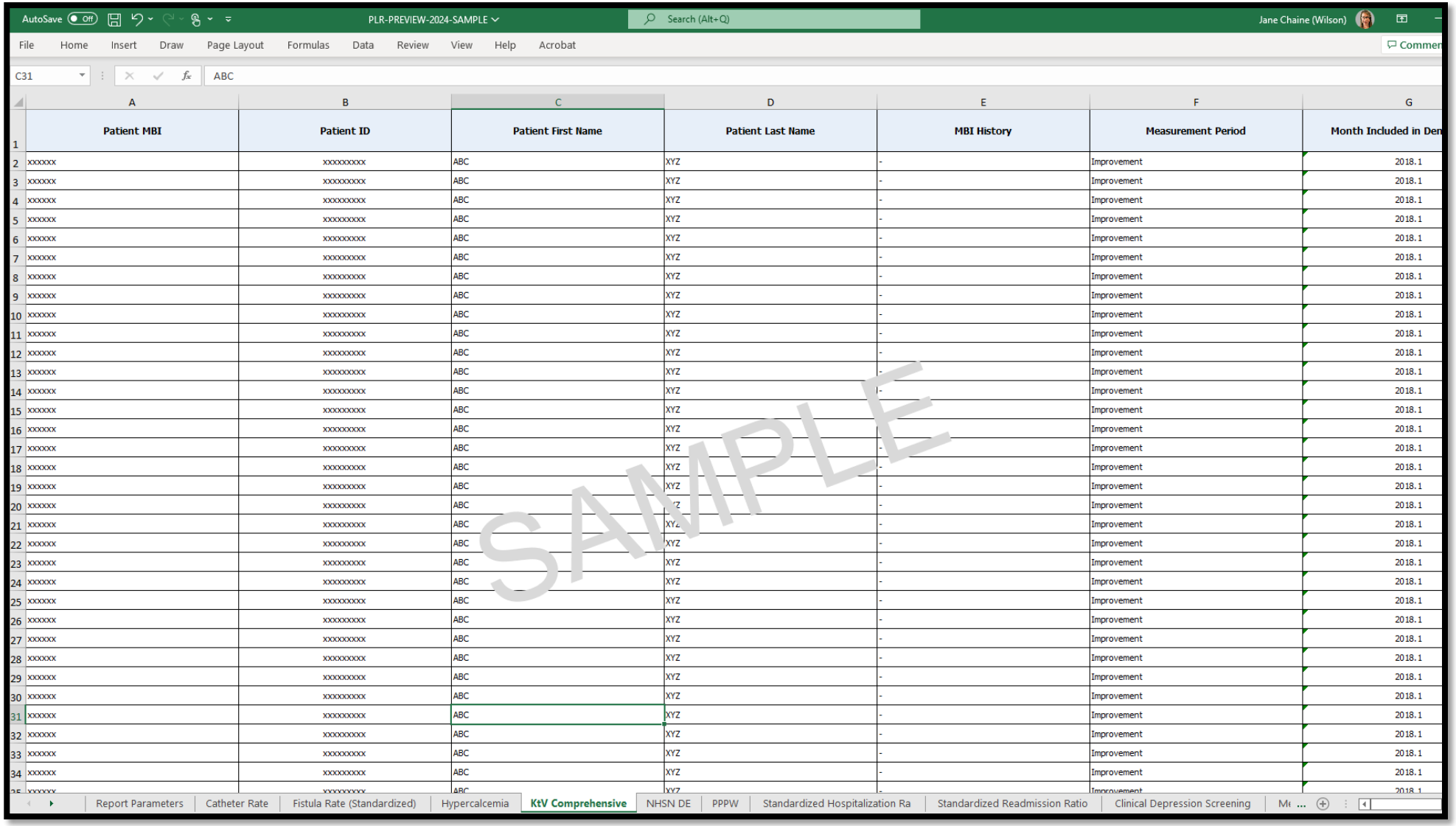
PLR-PREVIEW-2024-SAMPLE
Search (Alt+Q)
File Home Insert Draw Page Layout Formulas Data Review View Help Acrobat
AC34
ESRD QIP PY 2024 Preview Patient List Report
Report Parameters
Facility: 000000
Payment Year: 2024
Measurement Period: Improvement 01/01/2019-12/31/2019, Performance 01/01/2022-12/31/2022
Warning! This report contains sensitive information; Personally Identifiable Information (PII) or Protected Health Information (PHI).
Please ensure that these reports are handled appropriately and disposed of properly to avoid any potential PII or PHI exposure or expose the individual to any potential Identity Theft risk.
Generated on 06/29/2023 02:48 PM
SAMPLE
Report Parameters
Catheter Rate
Fistula Rate (Standardized)
Hypercalcemia
KtV Comprehensive
NHSN DE
PPPW
Standardized Hospitalization Ra
Standardized Readmission Ratio
Clinical Depression Screening

Sample PLR



AutoSave Off | PLR-PREVIEW-2024-SAMPLE | Search (Alt+Q) | Jane Chaine (Wilson)

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C31 | ABC

	A	B	C	D	E	F	G
1	Patient MBI	Patient ID	Patient First Name	Patient Last Name	MBI History	Measurement Period	Month Included in Den
2	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
3	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
4	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
5	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
6	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
7	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
8	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
9	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
10	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
11	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
12	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
13	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
14	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
15	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
16	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
17	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
18	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
19	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
20	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
21	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
22	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
23	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
24	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
25	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
26	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
27	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
28	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
29	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
30	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
31	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
32	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
33	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1
34	xxxxxx	xxxxxxxxx	ABC	XYZ	-	Improvement	2018.1

SAMPLE

Report Parameters | Catheter Rate | Fistula Rate (Standardized) | Hypercalcemia | KtV Comprehensive | NHSN DE | PPPW | Standardized Hospitalization Ra | Standardized Readmission Ratio | Clinical Depression Screening

PSSR

Contents

- Summarized view of TPS and measure scores for all selected facilities (Summary Measure Score and TPS tab)
- Measure specific results presented in separate tabs

Purpose

Can be used to view results for multiple facilities

Note: PSSRs are available to Corporate POCs, CMS, and CMS Support users.

Follow Up Activities and Responsibilities

Activities Following Preview Period

CMS will review any outstanding inquiries, then finalize facility PSRs.

- PSRs will outline your facility's information.
- PSRs will be posted for download via the ESRD QIP UI.
- Once issued as final, a PSR cannot be changed.

In late 2023, each facility's PSC is scheduled to be available for download via the ESRD QIP UI.

In late 2023, final measure scores and payment reductions will be made available to facilities confidentially via PSRs.

Performance Score Certificate

- **It is the facility's responsibility to print and display the PSC, when they become available. PSCs must be:**
  - Posted **within 15 business days** of its availability via the ESRD QIP UI and remain posted throughout the year until the next payment year PSC is available.
  - Displayed **in a prominent patient area.**
  - Posted in **English** and **Spanish.**
- **Your patient may have questions about the certificate.**
  - CMS recommends that you educate your staff about the posted certificates so that they can answer patient questions.

Recap: Facility Responsibilities

- Establish a HARP account, if needed.
- Update your EQRS role to access the ESRD QIP UI.
- Access ESRD QIP resources via https://qualitynet.cms.gov/esrd/esrdqip.
- Access your facility's Preview PSR starting on **July 17, 2023.**
- Submit inquires before the preview period's scheduled end date of **August 17, 2023, at 11:59 p.m. PT.**
- Download, print, and post your English and Spanish PSCs within 15 business days of their availability via the ESRD QIP UI.
- Educate your staff about the ESRD QIP so that they can answer patient questions about the publicly posted certificate.

Resources

Resource	URL
CMS.gov: ESRD QIP Section	www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
CMS ESRD Measures Manual	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality
Technical Specifications for ESRD QIP Measures	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications
QualityNet.cms.gov: ESRD QIP Section	https://qualitynet.cms.gov/esrd/esrdqip
Extraordinary Circumstances Exceptions Policy	https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5
Guide to the Performance Score Report and ESRD QIP UI Guide	https://qualitynet.cms.gov/esrd/esrdqip/reports
HARP Account Registration and EQRS Role Request Training	https://mycrownweb.org/harp-training/
Care Compare	https://www.medicare.gov/care-compare/
ESRD National Coordinating Center	esrdncc.org
Medicare Improvements for Patients and Providers Act of 2008	www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf

Additional Information

- Website: http://www.MyCROWNWeb.org
- Town Hall slide deck and recording: https://MyCROWNWeb.org/events/
- CCSQ Service Center:
  - Phone: (866) 288-8912
  - Email: qnetsupport-esrd@cms.hhs.gov
  - Support Central: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central
- EQRS & ESRD QIP Questions: QualityNet Q&A Tool
- ESRD Network Directory: https://esrdncc.org/en/ESRD-network-map/

Post-Event Evaluation

Please complete a short post-event evaluation by clicking on the link in the Chat box. Your feedback will help improve future Town Hall events.

Live Questions and Wrap Up

Questions

Matthew McDonough, MS
Project Director, EOCT

- Type questions in the **Ask the Staff a Question** section.
- Then, click **Send**.

Thank You

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