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

December 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 section 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.

If your audio is breaking up, press the F5 key on your computer or click the Refresh button as illustrated on this slide.

If you are hearing an echo, it is likely caused by having multiple browsers open for this event. Look at your browser tabs to make sure you only have one event open.

For today's presentation, the audio connections are muted to reduce background sounds. However, real-time interaction is encouraged. So, if you do have a question, use the Questions feature on your screen. When submitting a question, please type your question in the Ask the Staff a Question section, and click 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 feature available during today's webinar 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 document includes today's dial-in number, should you need audio through a telephone line, a link for closed captioning, and information on where you can obtain materials from today's presentation.

Please note, today's event materials, including the recording and slides, are available on the Events page on www.MyCROWNWeb.org.

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

Here is today's agenda. The first agenda topic is the ESRD data reporting deadlines, followed EQRS updates. The EQRS updates will cover new system features and enhancements, including the new Facility Attestations screen that will go live in EQRS on January 1, 2024. Following that will be the Dashboard Expand and Collapse Enhancement and the recently added Dashboard reports. Followed by the EQRS updates will be the Calendar year 2024 ESRD Prospective Payment System or PPS Final Rule summary. After that, we will go into detail about the new Facility Commitment to Health Equity measure and review the steps for submitting Commitment to Health Equity attestations in EQRS, which opens January 1, 2024, for calendar year 2024 reporting. Next, the final Performance Score Reports, or PSRs, and Performance Score Certificates, or PSCs, will be briefly reviewed, as well as training on how to access the final ESRD QIP reports and PSCs. The last topic in today's presentation are some frequently asked questions pertaining to today's presentation topics. Lastly, we will wrap up a quick review of additional resources and contacts to assist you and your facility with navigating EQRS and the ESRD QIP. As time permits, today's event will end with a question-and-answer session with the audience. So please be sure to stay to participate in the Q&A. We have a lot to cover, so let's get started.

The first topic to cover today is the remaining 2023 EQRS and NHSN, or National Healthcare Safety Network, data submission deadlines.

First, let's 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 here, the October 2023 EQRS Clinical Data submission deadline is quickly approaching and will be Tuesday, January 2, at 11:59 p.m. Pacific Time. As a reminder, EQRS opens for data submission on the first of the month and closes approximately two months after the end of the reporting month. I say approximately two months after the end of the reporting month because there are times that the last day of the month falls on a Saturday, a Sunday, or a federal holiday, and in those cases, the clinical month closes at 11:59 p.m. Pacific Time on the next federal business day. EQRS clinical data is 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 opened January 1, has remained open through the duration of the entire year, and will remain open through the end of February of 2024. In other words, facilities could begin submitting Clinical Depression and Follow Up data for the 2023 assessment period as early as January 2023, and have until the end of February 2024 to complete this reporting. 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 additional information on the Clinical Depression Screening and Follow Up measure, please refer to 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 in February of 2024.

This gives 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. To be exempt from the ICH CAHPS Survey, facilities must have fewer than 30 eligible patients during the eligibility period or 2022 for the calendar year 2023 reporting period. For additional information on the ICH CAHPS Survey measure, including facility and patient exclusions, refer to 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 on www.MyCROWNWeb.org.

Now, let's briefly review the remaining reporting deadlines for the 2023 National Healthcare Safety Network, or NHSN, data.

Here, you see the NHSN data submission deadlines for 2023 ESRD which includes data for dialysis events, bloodstream infections in hemodialysis patients, 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 Quarter 3 2023 data, which includes July, August, and September, are due January 2, 2024, at 11:59 p.m. Pacific Time. Please note that, if a deadline falls on a Saturday, Sunday, or federal holiday, it will be moved to the next federal business day; this applies to NHSN and EQRS data deadlines.

Linked on this slide is information on the calendar year 2023 NHSN deadlines which is available on the MyCROWNWeb.org website. For questions about NHSN, please contact the NHSN Helpdesk by sending an email NHSN@cdc.gov.

Let's transition and discuss the new features and enhancements in EQRS.

The first EQRS update that we will review is the new Facility Attestations screen. This new screen has not yet been released in EQRS, but EQRS users will be able to view and access the new Facility Attestations screen

in EQRS starting January 1, 2024, which is just a couple of weeks away. Before I show you the Facility Attestations screen, let's review the purpose of this screen.

As I mentioned previously, the Facility Attestations screen will appear in EQRS beginning on January 1, 2024. Starting on this day, EQRS users can submit two types of attestations on this screen, the ICH CAHPS attestation, and the Commitment to Health Equity attestation. You may be wondering what the Commitment to Health Equity attestation is about and how to report this attestation. The Facility Commitment to Health Equity is a new measure beginning in program year 2026; therefore, facilities will be expected to begin reporting data via attestation starting in calendar year 2024. Additional details about the Facility Commitment to Health Equity measure and its reporting requirements will be covered in the presentation.

Starting on January 1, users can log into EQRS and access the Facility Attestations screen by clicking Attestation from the Facilities drop-down tab in EQRS, which will be illustrated in the following slide. Please note that the option to submit the ICH CAHPS attestation from the Facility Summary screen via the Attestations link is no longer available; as of January 1, 2024, facilities must use the new Facility Attestations screen to submit ICH CAHPS attestations. In the following slides, I will demonstrate how to navigate to the Facility Attestations screen and the attestations that can be submitted from this screen.

Once logged into EQRS click on Attestation from the Facilities drop-down tab in the blue navigation menu at the top of the screen.

Next, you will see two attestations that can be submitted from the Facility Attestations screen. The attestation on the left is for ICH CAHPS, and the Commitment to Health Equity attestation is on the right. Looking at the ICH CAHPS box, notice the gray text reminding users that an ICH CAHPS attestation is only applicable to facilities that treated fewer than 30 eligible patients. More specifically, facilities that submit an ICH CAHPS attestation are attesting that the facility is exempt from the ICH CAHPS Survey because the facility treated fewer than 30 eligible patients

during the eligibility period or the year prior to the performance period, which is 2022 for the calendar year 2023 attestation submission period. As a reminder, the calendar year 2023 ICH CAHPS attestations must be submitted in EQRS no later than the last day in February, February 29, 2024, at 11:59 p.m. Pacific Time. In this example, we'll click the box on the left to submit an ICH CAHPS attestation.

The screen refreshes displaying the ICH CAHPS attestation. Check the attestation checkbox if the facility is not eligible for the ICH CAHPS measure. Then, select the name of the person providing the attestation from the drop-down field below, and click Update to submit your attestation. Once submitted, EQRS will refresh and display a message: Facility Attestation Added Successfully. Users can then remove, view, or edit the attestation from the ICH CAHPS attestations screen up until the attestation submission deadline. For additional ICH CAHPS Survey measure information, including patient and facility exclusions, please refer to the ESRD QIP Technical Measure Specifications.

Next, let's look at how to navigate to the Commitment to Health Equity attestation. Remember, we will cover the Facility Commitment to Health Equity measure and its reporting requirements in more detail later in the presentation. For now, we will focus on how to get to the attestation in EQRS. Once on the Facility Attestations screen, click the Commitment to Health Equity box.

The screen refreshes, displaying facility information. Under facility information, the assessment period is listed for calendar year 2024. Also notice that the submission deadline is listed directly under the assessment period, which is February 28, 2025, at 11:59 p.m. Pacific Time. Similar to the ICH CAHPS attestation, the Commitment to Health Equity attestation opens for submission on January 1. It remains open through the duration of the entire year and through the end of February of the following year; in other words, the attestation must be submitted annually by the EQRS December data reporting deadline, approximately two months after December, consistent with other ESRD QIP measures reported in EQRS.

Facilities will be required to submit an attestation for this measure annually in EQRS, beginning in the 2024 performance period for payment year 2026. As mentioned earlier, the attestation submission deadline will be the end of the EQRS December data reporting deadline, typically by the end of February of the following year for the applicable performance period. Again, we will cover the Facility Commitment to Health Equity measure and the reporting requirements in more detail later.

Switching gears to another EQRS update is the Dashboard Navigation Expand and Collapse Enhancement. Let's take a look at this enhancement in more detail.

On October 17, 2023, CMS added an enhancement to the Dashboard screen in EQRS. This new enhancement allows the user to click on an Expand and Collapse button to view Dashboard information as needed. More specifically the Collapse button collapses or hides the Dashboard reminder panel on the left so that information displays on the entire screen for easier viewing and reduces the need to scroll when viewing the transplant waitlist screens in EQRS. Let's take a closer look at how this appears in EQRS.

Once logged into EQRS, click the Dashboard tab in the blue navigation menu at the top of the screen.

EQRS refreshes and displays the default Dashboard screen and the new Collapse button displayed in blue text towards the top left side of the screen. Now, let's look at how this enhancement works.

Click the Collapse button on the upper left side of the screen. By doing this, the screen will hide the reminder panel on the left and expand the view of information listed.

As you can see here, EQRS hides the Dashboard reminder panel on the left and displays Dashboard information on the entire screen when the Collapse button is enabled. To return to the default Dashboard screen, click the blue Expand button displayed towards the top left side.

The screen will refresh displaying, the Dashboard navigation panel on the left side. CMS created this enhancement to improve the user experience, and they continue to create updates and enhancements to make the system more helpful to users.

In this next section, we will review the new Dashboard reports feature in EQRS. CMS added the Dashboard reports feature to give EQRS users insight into their submitted EQRS data. These reports provide practical information that can be utilized at the facility level to help improve patient care. In the following slides we will review the available dashboards reports, as well as dashboard reports that will be available in the very near future.

On September 5 of this year, CMS released a Dashboard Reports feature in EQRS. Users can access the new Reports screen by clicking on Dashboards Reports from the Reports drop-down tab in EQRS, which I will demonstrate shortly. Currently, there are two Dashboards that generate various clinical reports available to facility users, as well as one Pneumococcal Pneumonia Vaccinations Dashboard that is to be released soon. Please note that new Dashboard Reports will be added to this screen continually and that the dashboards are available in EQRS based on the user's access and role in EQRS. A nice feature about the Dashboard Reports is that they can be downloaded and printed, using the export feature within the reports, which I will demonstrate shortly. Currently, there are two available Clinical Dashboards, the Facility Hemodialysis Clinical Dashboard and Facility Peritoneal Dialysis Clinical Dashboard. As mentioned a moment ago, the Facility Pneumococcal Pneumonia Vaccination Dashboard will be added in the very near future. Remember, these dashboards are available based on the users access and role in EQRS. Now, let's examine these reports in more detail.

In the following section we will review the clinical reports available in the Facility Hemodialysis and Peritoneal Dialysis Clinical Dashboards and how to access these reports in EQRS.

As mentioned earlier, there are two Facility Clinical Dashboards, the Facility Hemodialysis Clinical Dashboard and the Facility Peritoneal Dialysis Clinical Dashboard. Indicated by their names, one dashboard consists of hemodialysis patient data, and the other consists of peritoneal dialysis patient data. Both dashboards generate three reports, including the Patient Detail Report, Facility Aggregate Report, and the Averages Report. Additionally, these reports collectively reflect facility information, including the facility's ESRD Network, ID, CMS Certification Number, or CCN, affiliation, facility name, and phone number. Several laboratory values are reflected in these reports including hemoglobin, serum albumin, transferrin saturation, phosphorus, ferritin levels, Kt/V values, calcium levels, and more. Medication information is also reflected in these reports, including information on iron and erythropoietic simulating agents, or ESAs, administered. Lastly, various treatment information is also listed in the clinical reports, such as post dialysis weight, number of treatments, medication reconciliation date, and more.

Once logged into EQRS, click Reports Dashboards from the Reports drop-down tab in the blue navigation menu at the top of the screen. EQRS will refresh and display the available dashboards. Select the dashboard you want to access by clicking on the box with the name of desired dashboard. In this example we will examine the Facility Hemodialysis Clinical Dashboard.

Once the Facility Clinical Dashboard is selected, the screen refreshes and the fields for Clinical Period Start Date and Clinical Period End Date appear, as well as a field to filter by EQRS UPI, if needed. Enter the desired timeframe by entering the year, month, and day in the Clinical Period Start and Clinical End Date fields. In this example we are generating dashboard reports from June 1, 2023, through June 30, 2023.

Once the start and end dates are entered, the system automatically generates the dashboard reports. As a reminder there are three reports within each clinical dashboard. The Patient Detail Report appears first, followed by the Facility Aggregate Report. Below that and last is the Averages Report.

Scrolling down the page, the first report that appears is the Patient Detail Report. As you can see here, the columns of data are listed horizontally across the page and list the facility information, followed by the laboratory values, beginning with the hemoglobin value. As you can see in this example, the patient's hemoglobin is 9.4, and the albumin level is 4.0 for the first patient listed in the report. To view more information, the user can use the scroll bar at the bottom of the report. It is not displayed here but is available in the user interface. As a reminder, the dashboard reports can be downloaded and printed from your computer, and this function will be illustrated in a later slide.

Scrolling past the Patient Detail Report, the next report that comes into view is the Facility Aggregate Report. Again, the values are listed horizontally, and the user can use the scroll bar at the bottom of the report to view more information as needed. The Facility Aggregate Report lists the total number of patients for each column. For instance, in this example, the first column of data is the Prevalent Patient Count, which is 109. The next column over is the number of patients with a hemoglobin reported, which is also 109.

Scroll past the Facility Aggregate Report to get to the last report in the clinical dashboard, which is the Averages Report. Same as the other reports, the values are listed horizontally, and the user can use the scroll bar at the bottom of the report to view more information as needed. The Averages Report lists average values for each column for the selected time frame. In this example, the first column of data is the Hemoglobin Average which is 10.43. Therefore, 10.43 is the average hemoglobin value for this facility for the selected timeframe.

Here you can see that EQRS users can export the reports to download or save them to a computer. As illustrated in this image, the download function is available by clicking the three small dots or the ellipses in the upper right side of each report. There are two download options within each report, the Export to CSV and Export to Excel. The Export to CSV is the preferred method for downloading large files.

Now that we have covered the Clinical Dashboard Reports, let's review the Pneumococcal Pneumonia Vaccination Dashboard Reports, although this dashboard is not yet available in EQRS, CMS will be adding it to the reports screen soon. Users will be alerted via email when the Pneumococcal Pneumonia Vaccination Dashboard becomes available.

As I mentioned a moment ago, CMS will be releasing the Pneumococcal Pneumonia Dashboard Reports in EQRS in the near future. The Pneumococcal Pneumonia Vaccination Dashboard will include two reports, the Facility Summary Report and the Patient Details Report. The Facility Summary Report reflects facility information, including the facility's ESRD Network, CCN, Ownership, Electronic Data Interchange or EDI, organization, EDI Facility, if appliable, the facility name, ID and patient totals at the facility. More importantly, the Facility Summary Report reflects vaccination information by total number of patients, including the total number of patients in the facility who are considered up to date on their pneumococcal pneumonia vaccinations, as well as the number of patients that are considered fully vaccinated for pneumococcal pneumonia. The summary report also lists the number of patients eligible for the pneumococcal pneumonia vaccinations. Lastly, the pneumococcal pneumonia vaccination rate in the facility is also reflected in this report.

The second report that will be available is the Patient Details Report. Similar to the Facility Summary Report, this report lists facility information including network, ID, CCN, name, organization, and ownership. Indicated by the report name, this report reflects patient vaccination statuses and applicable dates for four different types of pneumococcal pneumonia vaccines, including the PCV20, 15, and 13, and lastly, the PPSV23 vaccine. Additionally, conveniently displayed in the lower part of the dashboard is inclusion and exclusion criteria and the definition of "fully vaccinated" for pneumococcal pneumonia according to the Centers for Disease Control and Prevention, or the CDC, which will be illustrated shortly.

Listed here are other pneumococcal pneumonia reports that will be available to other users with a CMS, network, or corporate-level role.

These other reports include the National Summary Report, EDI Summary Report, and Network Summary Report. Now that you are familiar with the two pneumococcal pneumonia reports within the dashboard, let's take look at how you can navigate to them and how they appear in EQRS when they become available.

Once logged into EQRS, click on Reports Dashboards from the Reports drop-down tab in the blue navigation menu at the top of the screen.

EQRS will refresh and display the available dashboards. Select the dashboard you want to access. In this example, we have selected the Facility Pneumococcal Pneumonia Vaccination Dashboard. Again, this dashboard is not yet available, but it will be soon.

Once the Pneumococcal Pneumonia Vaccination Dashboard is selected, the screen refreshes to display the facility pneumococcal pneumonia vaccination rate at the top of the screen and the Facility Summary and Patient Details Report below that. Users can scroll down the page to view these two reports.

The Facility Summary Report will appear first. The facility information is listed, followed by the summary data, starting with the total number of patients at the facility. Next is the number of patients up to date on their pneumococcal vaccination, then the number of patient's considered to be fully vaccinated, followed by the number of patients eligible for a pneumococcal vaccine. Lastly, the pneumococcal pneumonia vaccination rate is the last column in the report. Please note that the data reflected in these reports displays the pneumococcal pneumonia vaccination data only.

The second and last report that will be listed in this dashboard is the Patient Details Report. A nice feature about this report is that the user has the option to filter report information, which I will discuss on the following slide. First, let's look at what is reflected in the Patient Details Report. The Patient Details Report contains several columns of data, some of which are not captured in this image but can be viewed by using the scroll bar at the bottom of the report.

In addition to patient demographic information, this report will list patient information for the PCV20, 15, 13, and PPSV23 vaccines, including vaccination status, vaccination date or approximated date of vaccination, booster information, as well as reasons for not receiving a vaccination.

Illustrated here are the two available Filter By fields within the Patient Details Report. Users will be able to enter the patient's EQRS UPI number to view pneumococcal vaccination information for a specific patient. The other filter option is to filter by vaccination status. To do this, users can select a variety of filter options from the Patients Vaccination Status drop-down filter field. This includes Eligible and Up-to-Date, Eligible but Not Up-to-Date, Not Eligible, or the option to select All.

Conveniently displayed below the pneumococcal pneumonia vaccination reports is a box of information that lists inclusion and exclusion criteria for pneumococcal vaccinations, as well as the CDC definition of "fully vaccinated" for pneumococcal pneumonia, which will be a quick and easy reference guide for facilities.

Let's switch gears to our next topic, the calendar year 2024 ESRD Prospective Payment System final rule recap.

Each year CMS issues a final rule to update the Medicare payment policies and rates for renal dialysis services furnished to beneficiaries. This year, the calendar year 2024 ESRD PPS final rule was published on November 6 in the *Federal Register* website. Under this rule, CMS finalized several key policies that impact the ESRD Quality Incentive Program, or QIP, requirements for payment years 2026 and 2027. Of note, this final rule finalized new policies for achieving health equity.

Let's review these key polices finalized in the final rule. Beginning in payment year 2026, CMS will remove two ESRD QIP measures, the Ultrafiltration Rate, or UFR, reporting measure and the Standardized Fistula Rate, or SFR, clinical measure. CMS is also updating two measures beginning in payment year 2026.

The COVID-19 Vaccination Among Healthcare Personnel measure will be updated to align with the updated measure specifications developed by the Centers for Disease Control and Prevention, or the CDC. More specifically, the healthcare personnel vaccination definition will replace the term "complete vaccination course" with "up to date," as well as update the time frames for which healthcare personnel are considered up to date with the recommended COVID-19 vaccines and booster doses. Also beginning in payment year 2026, CMS will convert the Clinical Depression Screening and Follow-Up measure from a reporting measure to a clinical measure and move the measure from the Reporting Measure domain to the Care Coordination Measure domain. The updated scoring methodology for the Clinical Depression and Follow-Up measure will more closely align with current clinical guidelines, and facilities will not be awarded points if they select one of two conditions including, "Screening for clinical depression is documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given," or "Screening for clinical depression is not documented, and no reason is given." In addition to removing and updating measures, CMS is also adding one new measure beginning in payment year 2026 and two new measures beginning in payment year 2027. These three new measures collectively reflect CMS' commitment to achieving equity in healthcare. The first of these new measures to be implemented is the Facility Commitment to Health Equity reporting measure. This measure assesses a facility's commitment to health equity based on five attestation responses that indicate if the facility engages in activities that promote health equity. Facilities will be required to submit data for this measure once annually in EQRS, beginning with the 2024 performance period for payment year 2026. The deadline for submission will be the EQRS December data reporting deadline or approximately two months after December for the applicable performance period. The Facility Commitment to Health Equity measure and reporting expectations will be covered in the following presentation topic. So, please stay tuned for that.

The Screening for Social Drivers of Health or the Screening for SDOH measure and the Social Drivers of Health or SDOH Screen Positive Rate measure are two new reporting measures beginning in payment year 2027. Reporting for these two measures will require data to be submitted annually in EQRS, beginning in the 2025 performance period for payment year 2027. The deadline for submission will be the EQRS December data reporting deadline. Again, that is approximately two months after December for the applicable performance period. These policies and more will be discussed in greater detail during the final rule webinar scheduled for January 11 at 2 p.m. ET. Please use the link on this slide to register for this very informative event.

Listed on this slide are additional resources that you can reference for information on the calendar year 2024 ESRD PPS final rule. The final rule is published online and can be viewed and downloaded from the *Federal Register* website. Also available from the CMS.gov website is a final rule fact sheet that summarizes finalized policies according to payment year.

By now you have basic knowledge about the new Facility Commitment to Health Equity measure. In the following slides I will provide the reasoning behind the measure, measure reporting expectations, and how to report data for this measure in EQRS.

The calendar year 2024 ESRD PPS final rule that was published on November 6 of this year finalized a policy to add a new Facility Commitment to Health Equity measure to the ESRD QIP measure set beginning in PY 2026. The Facility Commitment to Health Equity reporting measure will assess commitment to health equity using equity-focused competencies aimed at achieving health equity for all populations. Including, but not limited to, racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below the poverty level.

The Facility Commitment to Health Equity is a new ESRD QIP measure starting in the 2024 performance period for payment year 2026, and it is therefore especially important to become familiar with the reporting requirements. In the following slides, we will cover the reporting requirements and expectations, followed by a tutorial on how to report Commitment to Health Equity data in EQRS. Beginning in 2024, facilities will be required to submit data annually via an attestation in EQRS for the Facility Commitment to Health Equity measure. Additionally, facilities will be required to attest to five domains with each domain representing a competency aimed at achieving health equity. Each domain is worth two points, with a total of 10 possible points. To receive a full 10 points for this measure, facilities must complete and attest to engaging in all activities within each domain. Facility-specific results will publicly display on an annual basis through the Care Compare website. The first public report is expected to become available in 2026. Now, let's take a closer look at each domain.

The Facility Commitment to Health Equity measure reporting requires facilities to answer five attestation-based questions, with each attestation representing a different domain of commitment. The Commitment to Health Equity domains are listed here and include Equity is a Strategic Priority, Data Collection, Data Analysis, Quality Improvement, and Leadership Engagement. As mentioned earlier, each domain is worth two points, for a total of 10 possible points. To receive a full 10 points for this measure, facilities must attest to engaging in all activities in each domain. If a facility engages in some, but not all activities in the domain, then they cannot attest to that domain. No partial points are awarded. Facilities can score 0, 2, 4, 6, 8, or 10 points for the performance period based on the number of domains the facility attests. This will become clearer when we review how to attest to the domains in EQRS.

Before we cover how to report attestation data in EQRS, let's focus on when this data should be reported. On January 1, 2024, facilities can begin to submit, view, and edit their 2024 Commitment to Health Equity attestation data.

They have until February 28, 2025, at 11:59 p.m. Pacific Time to submit this data in EQRS. The Commitment to Health Equity attestation submission period will open in EQRS each year on January 1 and will remain open for the entire calendar year. It will close at the end of the EQRS December reporting deadline or approximately two months after December. Please note that if the last day of the month falls on a Saturday, Sunday, or federal holiday, the deadline will occur on the next federal business day. For more information on the Facility Commitment to Health Equity measure, including facility and patient exclusions, please refer to the ESRD Technical Measure Specifications available, on the CMS.gov website.

In the next several slides I will provide a brief tutorial on how to enter Commitment to Health Equity attestation data in EQRS. As a reminder, EQRS users can access the new Facility Attestations screen starting on January 1, 2024. On this date, users can view, edit, and delete 2024 attestation data in EQRS until the attestation submission deadline of February 28, 2025, at 11:59 p.m. Pacific Time.

Once logged into EQRS, users can navigate to the Commitment to Health Equity attestation by clicking Attestation from the Facilities drop-down tab in the blue navigation bar at the top of the screen.

Once on the Facility Attestations screen, users can either click the ICH CAHPS or Commitment to Health Equity box to submit an attestation. In this training, we are covering how to submit the Commitment to Health Equity attestation. So, in this example Commitment to Health Equity is selected.

The screen refreshes and displays the Commitment to Health Equity Attestation screen. Before moving on to the attestation, confirm that the correct facility information is displayed. Review the facility information under the Select a Facility section of the screen. If you have access to multiple facilities, a search can be conducted to access the desired facility or facilities.

Next, move down to the Start an Attestation portion of the screen. Notice here that the assessment period is listed. Notice that below the assessment period is the submission deadline. Here in this example, the attestation assessment period is January 1, 2024, through December 31, 2024, and the submission period closes February 28, 2025, at 11:59 p.m. Pacific Time. As mentioned earlier, the Commitment to Health Equity attestation submission 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. In other words, the attestation must be submitted by the EQRS December data reporting deadline, which is approximately two months after December. Moving on, let's click the Assessment Period box to access the attestation reporting screen.

EQRS will refresh and display the five domains and the activities within each domain. Here you see Domain 1, Equity is a Strategic Priority. Notice here that the bolded text towards the top of the domain attestation box provides a brief description or objective about the specific domain. As you move through each domain, you will continue to notice a brief description for each of these domains. As you can see from this image, there are four activities in Domain 1. Facilities must engage in all activities in this domain to receive two points. Remember, partial points are not awarded for engaging in some and not all activities. If a facility engages in all activities and selects each checkbox accordingly, the check box at the bottom of the domain becomes automatically selected. In this example, the facility has attested to all activities in the domain. The first activity or element attested to is that the facility strategic plan identifies priority populations who currently experience health disparities. As a reminder, the priority populations include, but are not limited to, racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges. The second activity is that the facility strategic plan identified healthcare equity goals and discrete action steps to achieving these goals. The third activity is that the facility strategic plan outlines specific resources which have been dedicated to achieving equity goals.

Lastly, the facility's strategic plan describes the approach for engaging key stakeholders, such as community-based organizations. In this example, the facility would be awarded two points for attesting to all activities or elements in this domain.

As the user scrolls down, Domain 2, Data Collection, appears. The Data Collection domain represents collecting valid and reliable demographic and social determinants of health data on patients. It is an important step in identifying and eliminating health disparities. Three activities are listed for this domain. In this example, two out of the three activities are selected; therefore, the facility would receive zero out of two points for this domain.

Let's review these activities. The first is collecting demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of patients. Next, the facility has training for staff in culturally sensitive collection of demographics and/or social determinant of health information. The last activity not attested to in this example is that the facility inputs demographic and/or social determinants of health information collected from patients into structured, interoperable data elements using electronic health record technology.

Moving down to the next domain is Domain 3, Data Analysis. The description for Domain 3 is that effective data analysis can provide insights into which factors contribute to health disparities and how to respond. This domain consists of one activity: The facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards. As indicated in this example, the facility has attested to this activity and, therefore, the domain and would be awarded two points.

Further down is Domain 4, the Quality Improvement Domain. This domain is characterized by engagement in quality improvement activities, resulting in improved quality of care for all patients. This domain consists of one activity:

The facility participates in local, regional, or national quality improvement activities focused on reducing health disparities. Here in this example, the facility has attested to this one activity and, therefore, would receive two points for this domain.

The last and final domain is Domain 5, the Leadership Engagement domain. This domain's description is leaders and staff can improve their compacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equality. This domain consists of two activities. The first activity is that facility senior leadership, such as, but not limited to, chief executives and the entire facility board of trustees, annually reviews the strategic plan for achieving health equity. The second activity is that facility senior leadership, such as, but not limited to, chief executives and the entire facility board of trustees annually reviews key performance indicators stratified by demographic and/or social factors. As indicated in this example, only the first activity is attested to, therefore, in this instance, the facility would not be awarded any points, since all activities must be attested to in order to receive a full two points for the domain.

Once the facility has reviewed and attested to all applicable domains, the last step prior to submitting the attestation is to read and check the confirmation box at the bottom of the page. Then, click Submit Attestation.

Once the attestation is submitted, EQRS will refresh and display the message: "Attestation updated successfully." The attestation screen will display the attestation submission date and the date it was last edited. From here you can view, edit, or delete your submitted attestation, as needed up until the submission deadline.

EQRS users can view, edit, or delete any attestation any time before the submission period closes. To view, edit, or delete an attestation, navigate to the right side of the screen under Actions. Click on the desired action. In this example, we are going to click View/Edit for an attestation that has been submitted.

Once View/Edit is selected, the screen refreshes, and the five domains appear. Make any edits, if needed. Click the Confirmation statement at the bottom of the page, and click Save Changes in the lower right corner.

The system will save your edits, and the screen will refresh and display the submitted attestation with an updated edit date.

EQRS users can delete an attestation any time before the submission period closes. To delete an attestation, navigate to the right side of the screen under Actions, and click Delete.

Once Delete is selected, a pop-up box appears alerting the user that the Commitment to Health Equity Attestation is about to be deleted. At this point, you can cancel your action by clicking the Cancel button, or you can proceed and click the red button for "Yes, delete this activity." Clicking the red button will permanently delete the attestation. Once the attestation is permanently deleted, there is no way to retrieve it. So, you must be certain that this is the action you want to perform.

The EQRS screen refreshes. he Submitted Attestations section of the screen updates, and the record of the attestation no longer appears.

Here is a summary of the Commitment to Health Equity attestation submission steps. Let's review these steps. Once logged into EQRS, click Attestation from the Facilities drop-down tab. EQRS refreshes, and the Facility Attestation screen appears. Select the Commitment to Health Equity box. Once the screen refreshes, confirm that the facility information that is listed is correct. Start an Attestation by clicking on the assessment period you are reporting. Review and submit attestations for each of the five domains, as applicable, then check the confirmation statement checkbox towards the bottom of the screen. Click the Submit Attestation button in the lower right side of the screen when you are ready to submit your attestation. View, edit, or delete submitted attestations, as needed, prior to the closure of the submission period.

For additional information on the Facility Commitment to Health Equity measure, please refer to the calendar year 2024 ESRD PPS final rule available in the *Federal Register* website.

Now, let's transition to the to the next agenda topic, the payment year 2024 ESRD QIP final Performance Score Report. or PSR. and Performance Score Certificate, or PSC, overview. In this section, I will discuss information applicable to the PY 2024 PSRs and PSCs, as well as provide a quick tutorial on how to access these documents in the ESRD QIP user interface in EQRS.

On November 13 of this year, the payment year 2024 ESRD QIP reports, and Performance Score Certifications became available to view and download in EQRS. Authorized EQRS users can log into EQRS via the ESRD QIP user interface to access these reports. Should the facility need access to these reports later in the year and beyond, the reports will be available in the ESRD QIP UI for up to three years.

There are a few policies to highlight that are reflected in the PY 2024 ESRD QIP scoring. Beginning in payment year 2024, CMS approved a policy to convert the standardized hospitalization ratio, or SHR, and Standardized Readmission Ration, or SRR, clinical measure results from ratios to rates. Also of note, in the calendar year 2022 ESRD PPS final rule, CMS finalized a policy to calculate the PY 2024 performance standards using 2019 data, the most current full calendar year of data due to significant impacts from the COVID-19 Public Health Emergency. Lastly, CMS set the minimum total performance score to 57. Therefore, 57 is the lowest score a facility can receive to avoid an ESRD QIP payment penalty for payment year 2024. For additional details on the PY 2024 ESRD QIP scoring polices, please refer to the CY 2022, 2023, and 2024 ESRD PPS final rules published online in the *Federal Register* website.

Here, you will see a sample payment year 2024 PSR, or Performance Score Report, similar to what yours should look like. The PSR includes details regarding your facility's performance in 2022.

It includes details such as facility information, achievement and improvement scores, Total Performance Scores, and more. The PSR is five pages long and displays the facilities performance in the four ESRD QIP domains: Clinical Care, Care Coordination, Safety, and Patient & Family Engagement. This slide shows the first page of the PSR which summarizes the measures in the Clinical Care domain. For Clinical Care measures, including those shown in Table 1 of your PSR, the Improvement and Performance Rates/Ratios and Improvement and Achievement Scores will be displayed if your facility was eligible for that 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. As indicated by the footnote, N/A or Not Applicable in the PSR represents a value that is not applicable to the measure and the measure topic scoring calculation.

The Performance Score Certificate, or PSC, is not released until after the preview period has closed. The PY 2024 PSC became available on November 13 and displays the facility's Total Performance Score. Facilities are required to download, print, and post both English and Spanish versions of the PSC in a prominent patient area within the facility, within 15 business days of their availability. Payment year 2024 PSCs should have been posted by Monday, December 4, 2023. So, if your facility has not done so, please download, print, and display the English and Spanish versions of the PSC. The certificate needs to remain posted throughout 2024, until PY 2025 PSCs become available.

Here is the sample Performance Score Certificate in both English and Spanish. As you can see on this slide, the Total Performance Score is displayed on the certificate. As a reminder, CMS established the minimum Total Performance Score of 57 for payment year 2024.

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

All users with an ESRD QIP role can access the View/Download Reports screen, but these reports are viewable based on the role or roles assigned to the EQRS user. Users can contact the Center for Clinical Standards and Quality, or CCSQ, Service Center to obtain reports that are not listed in the ESRD QIP UI that should be available to them. Currently, the ESRD QIP UI has all the final reports available. These include the Patient Score Report, or PSR; the Patient List Report, or PLR; the Performance Score Summary Report, or PSSR; and the Performance Score Certificate, or PSC. As mentioned earlier, the PSR includes details regarding your facility's performance in 2022. The Patient List Report, or PLR, lists all the patients whose data are used to calculate a facility's ESRD QIP measure rates. The Performance Score Summary Report includes a summary of the Total Performance Score and measure scores. Lastly, the Performance Score Certificate indicates the facilities Total Performance Score.

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.

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

Once you have verified that the QIP application is enabled, click on the QIP Scores link towards the top-left side of the screen.

EQRS will refresh, and the ESRD QIP environment appears. Once in the QIP environment, click the View and Download Reports tab on the left side of the screen.

Once in the View and Download Reports screen, search and select your facility. Then, confirm that the payment year is for 2024 and that the period is Final, as seen on this screen. Select the report you want to generate, and click Apply Filter. If you want to see all the available reports for a facility, then do not select a report under the Report Name drop-down. The system will automatically display all available documents based on the payment year and the period selected. Remember, if you have access to multiple facilities, you may need to use the search option to find your desired facility. Additional search filters are available for organizational level searches, which I will review in just a minute.

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

After clicking on the hyperlink for the report or certificate you want to access, the document will automatically download to your computer and display at the bottom of your computer screen. Click on the downloaded report to open and/or save the file. Remember to access EQRS using Google Chrome because the system works best with Chrome.

Next, the images displayed here are specific to users with a Corporate Point of Contact role. The screens are very similar to what is displayed for facility users. However, Corporate POCs have two available search options. The image to the left shows a single facility search, which includes the facility name, payment year, and period. This is also how facility-level users also conduct their search. The image to the right shows a Corporate POC performing an organizational-level search. The user checks, "This is an organizational-level search." The checkbox is at the top, and the system displays additional filters including the organizational name, network, and state. Enter the required fields indicated by a red asterisk to conduct your search.

To recap, the View/Download Reports screen is accessed by all users with an ESRD QIP role, but reports are displayed based on roles and availability.

To access reports, log in to EQRS. Click the QIP Scores link. Once the screen refreshes, click View/Download Reports on the left side of the screen. Next, select your facility, payment year, and period. Scroll down to Select Available Reports, and click on the Report hyperlink to download a report to your computer.

Let's transition to the last portion of today's presentation, which is addressing frequently asked questions.

This first question pertains to the dashboard reports and asks, "I cannot download my dashboard reports using the export feature within the reports. How can I download my reports?" The answer is, if you are having trouble downloading reports, be sure to use the Export to CSV method for downloading. Export to CSV is the preferred method when downloading large reports. The Export to Excel method is also available, but it has a smaller download limit than the Export to CSV method.

This next question is about the ICH CAHPS attestation submissions, and it asks, "Must facilities submit ICH CAHPS attestations on the Facility Attestations screen, or can facilities still submit ICH CAHPS attestations from the Facility Summary screen in EQRS?" The answer is no. Starting January 1, 2024, facilities must submit ICH CAHPS attestations from the Facility Attestations screen in EQRS. The Facility Attestations screen is permanently replacing the Attestations link previously on the Facility Summary screen used for ICH CAHPS attestation submissions in the past.

This next question is a scoring question about the Facility Commitment to Health Equity measure and asks, "Are partial points given if some activities are attested to in a domain?" The answer is no. Partial points are not awarded for any of the five domains. Facilities will be awarded either zero or two points for each domain for a total of 10 possible points. Facilities must engage and attest to all activities in a domain to receive two points for that domain.

This next question is about reporting data for the Facility Commitment to Health Equity measure.

It asks, "When should facilities submit data for the Facility Commitment to Health Equity measure?" The answer is facilities are required to submit the Commitment to Health Equity attestation annually by the EQRS December data reporting deadlines or approximately two months after December. Starting on January 1, 2024, facilities can begin to submit, view, and edit their CY 2024 Facility Commitment to Health Equity attestation data, and have until February 28, 2025, at 11:59 p.m. Pacific Time to complete attestation data submission in EQRS.

This next question pertains to the facility's Performance Score Certificate and asks, "Why does my PSC show NS?" The reason why the PSC displays NS, which stands for No Score, is that the facility was not eligible to receive a Total Performance Score. So, NS represents No Score on the PSC. In order for a facility to receive a TPS, a facility must receive a score on at least one measure in any two ESRD QIP domains.

This next and last question is about the PSR. It asks, "What if I think there is an error on my facility's PY 2024 ESRD QIP final PSR? Is there anything that can be done to correct it?" The answer, unfortunately, is no. The payment year 2024 preview period closed on August 17, 2023. Once the preview period closes, facilities can no longer submit inquiries regarding their ESRD QIP reports. Facilities have approximately 30 days during the preview period to review their preview period reports and to submit any inquiries to CMS. For technical issues with accessing reports in EQRS, please contact the CCSQ Service Center. For general EQRS- and ESRD QIP-related questions, please contact the ESRD QIP Team via the QualityNet Question and Answer Tool.

We are about to start the question session. Before that, I'll share resources that can be used for future reference related to today's event content.

Here you see a list of additional resources related to the ESRD QIP. The ESRD QIP Technical Measure Specifications and ESRD Measure Manual are especially helpful and provide detailed ESRD QIP information.

Here are two additional resources that are available on the QualityNet website. These resources include the Guide to the PY 2024 ESRD QIP Performance Score Report, which provides specific information applicable to 2024 PSRs. The other resource is the Payment Year 2024 ESRD QIP User Interface Quick Start Guide. The quick start guide provides step by step instructions on how to navigate the ESRD QIP user interface in EQRS.

This last slide provides resource links and contact information. Visit our website at www.MyCROWNWeb.org. Here you can find past Town Hall event materials and other EQRS resources. As a reminder, today's event materials, including the recording and slides, are available on the Events page on www.MyCROWNWeb.org. For assistance with EQRS technical related issues, please contact the CCSQ Service Center. As a reminder, for ESRD QIP and general EQRS questions, please use the QualityNet Question and Answer Tool. Lastly, you can use the ESRD Network Directory to find your ESRD Network contact information, should you need to contact your network.

As a reminder, please take a couple minutes to complete the post-event evaluation. A link to the evaluation is available in the chat section of your screen. It's also available in the post-event email that you will receive shortly.

At this time, we will take the remaining minutes to assist with any questions that you have about today's presentation. Please submit any questions that you have in the Ask the Staff a Question section of your screen, and 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.