

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

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

#### **Speakers**

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## December 14, 2023 2:00 p.m. Eastern Time (ET)

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

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

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#### **General Webinar Questions**

## Question 1: How can I obtain the slides from the December 14, 2023, Town Hall event?

The December 2023 Town Hall event materials (including the slides, recording, and transcript) are available on the <u>Events</u> page on <u>www.MYCROWNWeb.org</u>.

#### End Stage Renal Disease (ESRD) Data Submission Deadlines Questions

#### Question 2: Where can I find submission deadline dates for ESRD data?

The ESRD Quality Reporting System (EQRS) and National Healthcare Safety Network (NHSN) data submission deadlines are listed on <a href="https://www.MyCROWNWeb.org">www.MyCROWNWeb.org</a>. They can be accessed on the <a href="https://www.mycrownweb.org">Home</a> page under the "Important Links" section.

To view EQRS data submission deadlines by calendar year (CY), click 2023 or 2024. To view NHSN data submission deadlines, click 2023 or 2024.

**Note**: If your facility batch submits data or uses Health Information Exchange/Electronic Data Interchange methods for data submission, please follow the guidance provided by your organization.

#### **ESRD Quality Incentive Program (QIP) Questions**

# Question 3: Where can I go to find information on how to comply with the ESRD QIP guidelines and to improve our ESRD QIP scores?

For detailed information on the ESRD QIP measures (including measure descriptions, measure type, numerator and denominator statements, exclusion criteria, minimum data requirements, data sources, and additional information) please refer to the <a href="ESRD QIP Technical Measures Specifications">ESRD QIP Technical Measures Specifications</a> available on the <a href="CMS.gov">CMS.gov</a> website.

For detailed information on ESRD QIP measure calculations, please refer to the ESRD Measures Manual available on the CMS.gov website.

For information on how to report data in EQRS, please visit <a href="https://www.MyCROWNWeb.org">www.MyCROWNWeb.org</a>. For information on how to report data in NHSN, please visit the Dialysis Component section of the NHSN website.

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# Question 4: Where can I find the final CY 2024 ESRD QIP Technical Measure Specifications?

The ESRD QIP Technical Measure Specifications document contains information on the ESRD QIP measures. This document includes measure descriptions, measure type, numerator and denominator statements, exclusion criteria, minimum data requirements, data sources, and additional information.

The CY 2024 Proposed Technical Measure Specifications is currently available on the CMS.gov website:

https://www.cms.gov/files/document/cy-2024-proposed-technical-specifications-20230630.pdf. The final CY 2024 Technical Measure Specifications will soon be posted on the CMS.gov website: https://www.cms.gov/medicare/quality/end-stage-renal-disease-esrd-quality-incentive-program/technical-specifications-esrd-qip-measures.

#### **EQRS Dashboard Reports Questions**

# Question 5: Will the Facility Pneumococcal Pneumonia Vaccination Dashboard be available for transplant centers?

No. The Pneumococcal Pneumonia Vaccination Dashboard will not be available to EQRS users with the Transplant user role. Dashboard reports are available and displayed in EQRS based on the user's EQRS role.

# Question 6: What is the difference between "up to date" and "fully vaccinated" data in the Facility Pneumococcal Pneumonia Dashboard?

A patient is up to date on their pneumococcal pneumonia vaccinations if they have received all available vaccinations and is done with the series or is in a mandatory waiting period before they can receive the next vaccination dose.

A patient is fully vaccinated with the pneumococcal pneumonia vaccinations if they completed the vaccine series and do not need any additional vaccines. A fully vaccinated patient is **both** fully vaccinated and up to date.

**Note**: The Facility Pneumococcal Pneumonia Dashboard is not yet available in EQRS. The ESRD community will be alerted via email when the Pneumococcal Pneumonia Vaccination Dashboard becomes available.

# Question 7: Do Facility Clinical Dashboard Reports only reflect Clinical Data for the closed clinical months in EQRS?

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No. The Centers for Medicare & Medicaid Services (CMS) recently added an enhancement to the Facility Clinical Dashboard Reports that will display submitted Clinical Data in the open EQRS Clinical Months. Previously the system only displayed data in closed clinical months.

#### Question 8: Will CMS be adding influenza dashboard reports in EQRS?

Yes. In addition to the Pneumococcal Pneumonia Vaccination Dashboard, CMS is also working on an Influenza Dashboard that will be added to the Reports screen in EQRS soon. Dashboard reports are available and displayed in EQRS based on the user's EQRS role. The ESRD community will continue to receive notifications via email about new dashboard releases in EQRS.

#### Question 9: If a patient changes modality from in-center hemodialysis (ICHD) to

peritoneal dialysis (PD) in the same calendar month, will the patient be reflected in both the Facility Hemodialysis (HD) Clinical Dashboard and Facility PD Clinical Dashboard?

Yes. A patient who changes modality within a calendar month will display in both Facility Clinical Dashboards for that month.

#### Question 10: Do EQRS Dashboard reports reflect ESRD QIP results?

No. The data in the various Dashboard reports are data that have been submitted in EQRS by the facility. Although some of the data in the Facility Clinical Dashboards reflect ESRD QIP measures, the values reflected are not necessarily indicative of ESRD QIP results.

#### **ESRD Prospective Payment System (PPS) Final Rule Questions**

# Question 11: What is considered "up to date" as it pertains to the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure?

Starting in the CY 2024 reporting period for payment year (PY) 2026, CMS will replace the term "complete vaccination course" with the term "up to date" in the HCP vaccination definition, to better align with the Centers for Disease Control and Prevention (CDC) measure specifications. HCP are currently considered up to date with the COVID-19 vaccines if they received a 2023-2024 updated COVID-19 vaccine or received a bivalent COVID-19 vaccine within the last 2 months. For additional information on COVID-19 vaccination key terms including the most current up to date definitions, please refer to the <a href="https://www.ncoviden.cov/ncov

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For additional information on the COVID-19 Vaccination Coverage Among HCP measure modifications, please <u>register</u> for the final rule webinar that will be held on January 11, 2024.

## Question 12: Why is CMS removing the Ultrafiltration Rate (UFR) reporting measure from the ESRD OIP measure set starting in PY 2026?

CMS is removing the UFR reporting measure from the ESRD QIP measure set starting in the CY 2024 reporting period for PY 2026 under measure removal factor two (performance or improvement on a measure does not result in better or the intended patient outcomes).

For additional information on the removal of the UFR measure, please register for the final rule webinar that will be held on January 11, 2024.

#### **Facility Commitment to Health Equity Measure Questions**

# Question 13: Is the Commitment to Health Equity attestation only required to be submitted once a year?

Yes. Dialysis facilities are required to submit the Commitment to Health Equity attestation **annually** by the EQRS December data reporting deadline, or approximately two months after December. Starting on January 1, 2024, facilities can begin to submit, view, and edit their CY 2024 Commitment to Health Equity attestation data. Facilities have until February 28, 2025, at 11:59 p.m. Pacific Time to complete CY 2024 attestation data submission in EQRS.

For additional information on the Facility Commitment to Health Equity measure, including facility and patient exclusions, please refer to the CY 2024 Proposed ESRD QIP Technical Measure Specifications available on the <a href="Ms.gov">CMS.gov</a> website.

**Note**: If your facility batch submits data or uses Health Information Exchange/Electronic Data Interchange methods for data submission, please follow the guidance provided by your organization.

# Question 14: How should facilities address health disparities and health equity for the Facility Commitment to Health Equity measure?

The Facility Commitment to Health Equity reporting measure assesses a facility's 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 lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural

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populations, religious minorities, and people living near or below the poverty level.

# The facility must determine how to best satisfy the competencies aimed at achieving health equity.

Beginning CY 2024, facilities will be required to submit data annually via an attestation submission in EQRS for the Facility Commitment to Health Equity measure. Facilities will be required to attest to five domains, each 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 in each domain.

For additional information on the Facility Commitment to Health Equity measure, including facility and patient exclusions, please refer to the CY 2024 Proposed ESRD QIP Technical Measure Specifications available on the <a href="Months:CMS.gov">CMS.gov</a> website.

#### Question 15: Do transplant centers have to submit attestations?

No. Transplant centers are not currently required to submit facility attestations in EQRS.

# Question 16: Do facilities that have a low patient census have to participate in the reporting for the Facility Commitment to Health Equity measure?

According to the <u>CY 2024 Proposed ESRD QIP Technical Measure Specifications</u>, facilities treating fewer than eleven eligible patients during the performance period are excluded from this measure. For additional information on the Facility Commitment to Health Equity measure, including facility and patient exclusions, please refer to the CY 2024 Proposed ESRD QIP Technical Measure Specifications available on the <u>CMS.gov</u> website.