CENTERS FOR MEDICARE & MEDICAID SERVICES

June 2023 Town Hall

Thursday, June 29, 2023
2–3:30 p.m. Eastern Time

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.

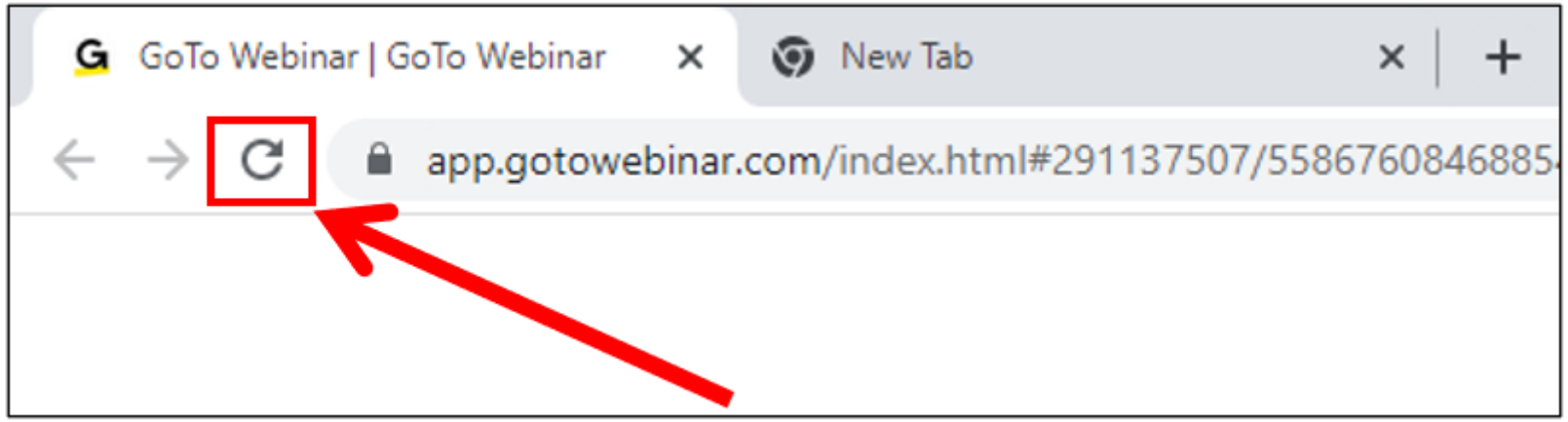
Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

Click Refresh or F5.

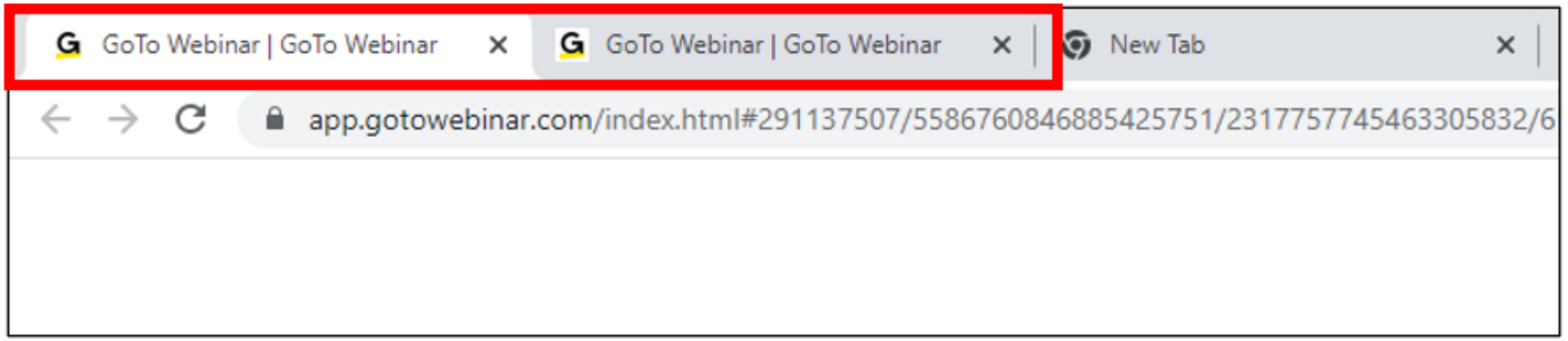
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

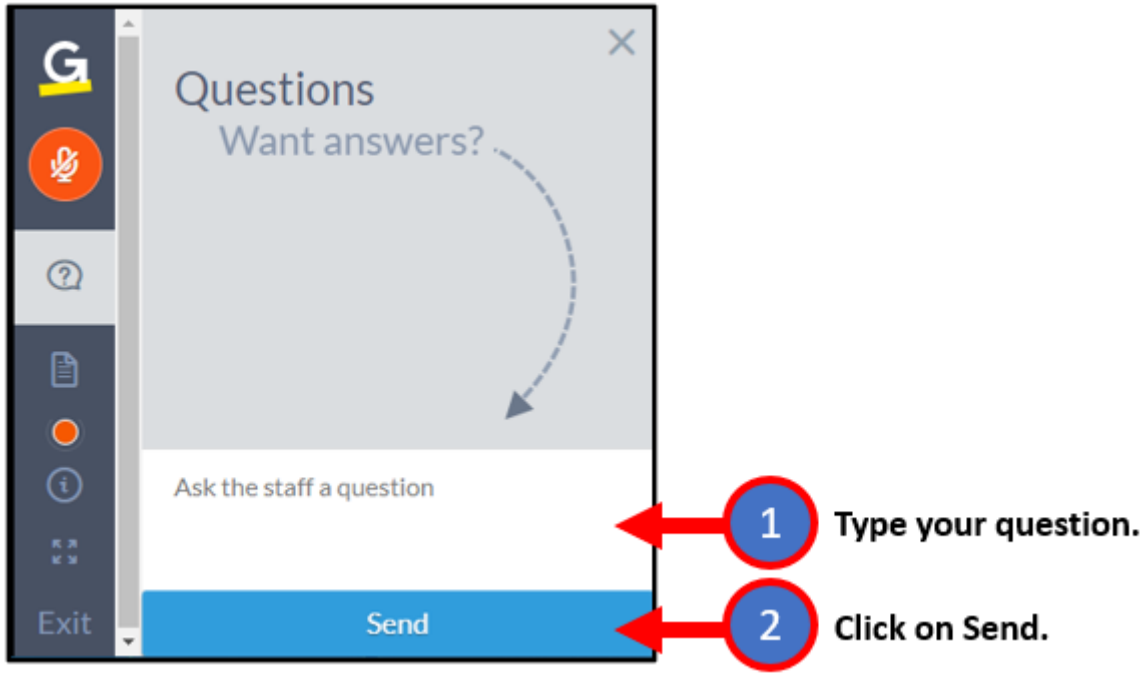
- **Hear a bad echo on the call?**
- **Multiple browsers/tabs that are open to a single event (multiple audio feeds) usually cause the echo.**
- **Close all but one browser/tab to clear the echo.**



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

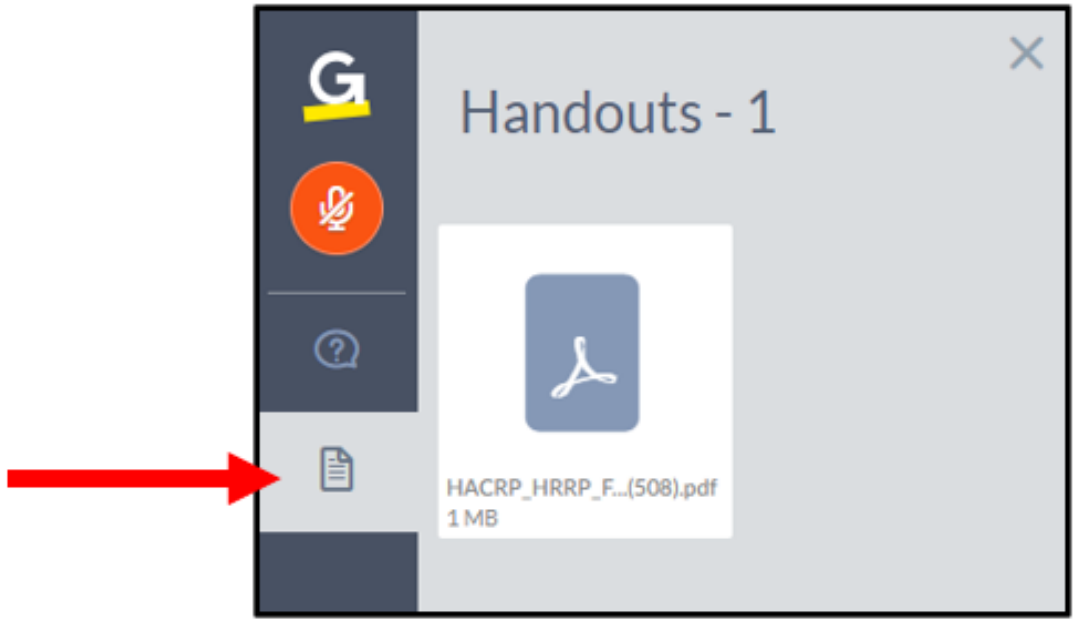
Type your question in the Ask the Staff a Question section. Then, click Send.



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)]

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*.

Acronyms

CMS	Centers for Medicare & Medicaid Services	**NHSN**	National Healthcare Safety Network
CY	calendar year	**PPS**	Prospective Payment System
EOCT	End-Stage Renal Disease Outreach, Communication, and Training	**PT**	Pacific Time
EQRS	End-Stage Renal Disease Quality Reporting System	**PY**	payment year
ESRD	End-Stage Renal Disease	**Q&A**	question and answer
FAQ	frequently asked question	**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
NHSN	National Healthcare Safety Network	**SRR**	Standardized Readmission Ratio
PPS	Prospective Payment System	**STrR**	Standardized Transfusion Ratio

Agenda

Topic	Speakers
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) Measure Updates: • Standardized Hospitalization Ratio (SHR) • Standardized Readmission Ratio (SRR) • Standardized Transfusion Ratio (STrR)	Jane Chaine, MSN, RN, CNN, RD
New EQRS Features: • Peritonitis Infections Module • Transplant Dashboard for Dialysis Facilities	Jane Chaine, MSN, RN, CNN, RD
Answers to Frequently Asked Questions (FAQs)	Jane Chaine, MSN, RN, CNN, RD
Additional Resources	Jane Chaine, MSN, RN, CNN, RD
Live Questions and Wrap-Up	Matthew McDonough, MS Project Director, EOCT

EQRS and NHSN Deadlines

EQRS Deadlines

EQRS Clinical Data Submission Deadlines

2023 Data Submission Schedule for EQRS Clinical Data	
Reporting Month	**Data Submission Deadline**
April 2023	July 3, 2023, at 11:59 p.m. Pacific Time (PT)
May 2023	July 31, 2023, at 11:59 p.m. PT
June 2023	August 31, 2023, at 11:59 p.m. 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.

In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation Submission Deadline

2023 EQRS Submission Schedule for 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**
1	January–March	July 3, 2023
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

CY 2024 ESRD PPS Proposed Rule

On June 26, 2023, CMS displayed the unpublished 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.
- Policies that reflect commitment to achieving equity in healthcare.

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

CY 2024 ESRD PPS Proposed Rule Summary

- 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 the following 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

Payment Year (PY) 2024
ESRD QIP Preview Period

PY 2024 ESRD QIP Preview Period

- This year, the ESRD QIP preview period will **tentatively begin mid July and end mid August**.
- Facilities have approximately **30 days** to participate in the following preview period activities:
  - View facility or organization's ESRD QIP scores and reports (available through the ESRD QIP user interface in EQRS)
  - Submit inquires to CMS about the facility's PY 2024 scores

Note: Additional information about the ESRD QIP preview period is available on the ESRD QIP section of the QualityNet website: https://qualitynet.cms.gov/esrd/esrdqip/reports

ESRD QIP Measure Updates: SHR, SRR, STrR

Measure Update: SHR and SRR

Beginning in PY 2024, the CY 2023 ESRD QIP Final Rule finalized the following policy:

The SHR and SRR measures will be expressed as a rates to allow the performance period rate to be compared directly to the baseline rate.

Measure Updates: STrR

The CY 2023 ESRD QIP Final Rule finalized the following policies impacting the STrR measure:

- STrR will be expressed as a rate and will be converted from a reporting measure to a clinical measure. This aligns with technical updates to express the SHR and SRR clinical measure results as rates.
- STrR scoring methodology will be updated to allow facilities that meet previously finalized minimum data and eligibility requirements to receive a score based on actual clinical values.

Technical Measure Specifications Updates: SHR, SRR, and STrR

- **Beginning in PY 2024:**
  - **SHR** will be expressed as a risk-standardized rate by multiplying the facility SHR by the national average hospitalization rate.
  - **SRR** will be expressed as a risk-standardized rate by multiplying the facility standardized readmission ratio by the national average readmission rate.
- **Beginning in PY 2025:**
  - **STrR** will be expressed as a risk-standardized rate by multiplying the facility STrR by the national average transfusion rate.

Reasons for Updating SHR and SRR Measures

CMS implemented the SHR and SRR measure updates for the following reasons:

- **Enhance data transparency and understanding.**
  - Converting the SHR and SRR measure results to rates helps providers and patients better understand a facility's performance.
- **Deliver user friendly data.**
  - Converting the SHR and SRR measure results to rates allows facilities to more easily track its performance from year to year.

Reasons for Updating STrR Measure

CMS implemented the STrR measure update for the following reasons:

- **Improve consistency across measures.**
  - Converting STrR measure results to rates aligns with the SHR and SRR measure results also expressed as a rate.
- **Score facilities based on performance.**
  - Convert the STrR measure from a reporting measure to a clinical measure.
    - Facilities will be scored on the actual clinical values reported by the facility, rather than the successful reporting of data.
    - Facilities that meet previously finalized minimum data and eligibility requirements would receive a score on the STrR clinical measure based on the actual clinical values reported by the facility.

Measure Updates Overview: SHR, SRR and STrR

ESRD QIP Measure	Payment Year	Measure Type	Updated Measure Description
SHR	Beginning in PY 2024	Clinical	SHR is expressed as a risk-standardized rate by multiplying the facility SHR by the national average hospitalization rate.
SRR	Beginning in PY 2024	Clinical	SRR is expressed as a risk-standardized rate by multiplying the facility standardized readmission ratio by the national average readmission rate.
STrR	Beginning in PY 2025	Change from Reporting to Clinical	• STrR is a ratio of the number of eligible red blood cell transfusion events observed in patients dialyzing at a facility, to the number of eligible transfusion events that would be expected under a national norm, after accounting for the patient characteristics within each facility. • STrR is expressed as a risk-standardized rate by the multiplying the facility STrR by the national average transfusion rate.

SHR, SRR and STrR Measure Updates: Additional Information

For additional information on the SHR, SRR and STrR measures, refer to the following resources:

- CY 2023 ESRD PPS Final Rule available in the *Federal Register* website
- *ESRD QIP CY 2023 Technical Measure Specifications* document

New EQRS Features

New Feature:
Peritonitis Infections Module

Infections Module

- On June 26, 2023, CMS added a Peritonitis Infections Module to the Manage Patient screen in EQRS.
- The new module captures peritoneal dialysis infection data and rates in dialysis patients.
- EQRS facility users are required to enter peritonitis infection data on the Manage Patient screen under the newly added Infections tab.
- The new reporting process for peritoneal dialysis infections is to report an infection in the EQRS Infections module when that event occurs.

Infections Module

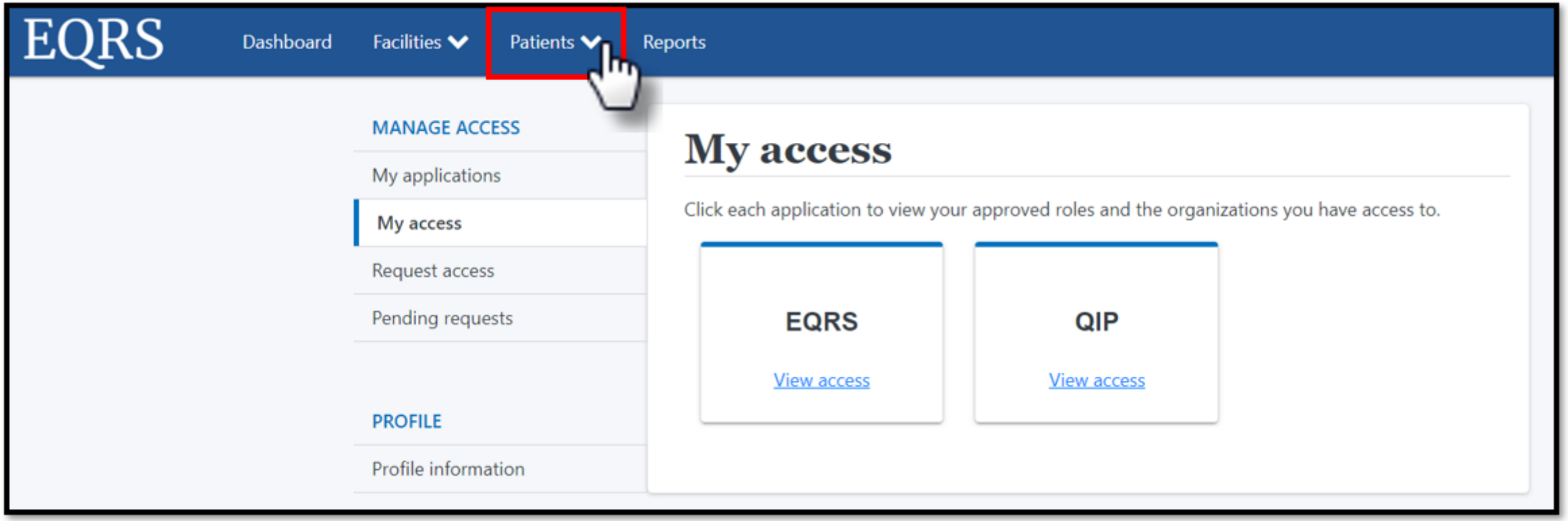
The Peritonitis Infections Module contains five reporting sections:

- *Patient and Event Details*
- *Risk Factors*
- *Lab and Diagnostic Testing*
- *Signs and Symptoms*
- *Outcomes*

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

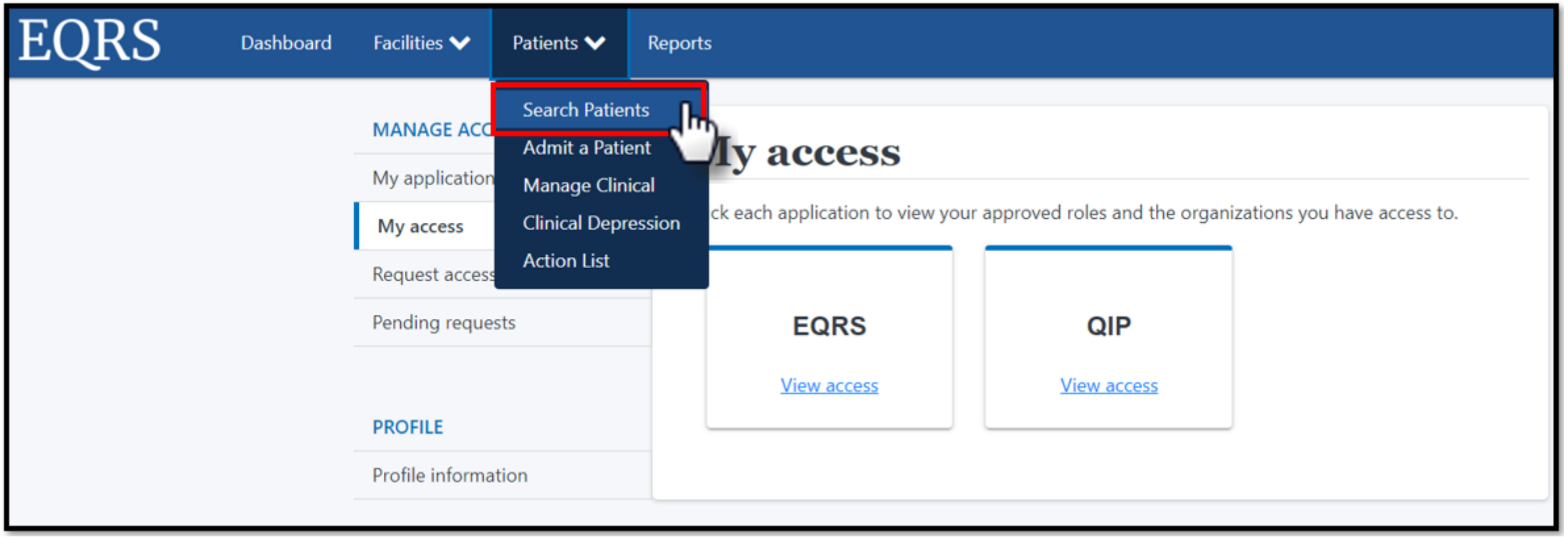
Infections Module Steps

Click **Patients** in the navigation menu.



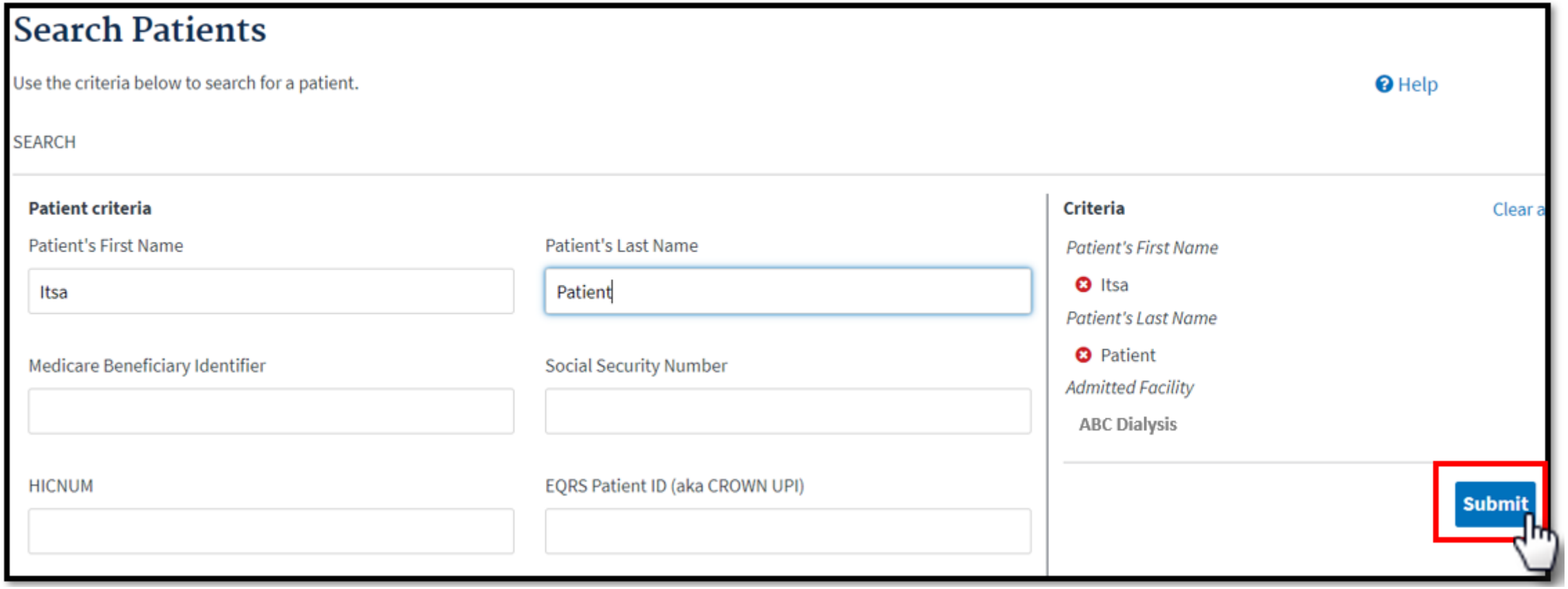
Infections Module Steps

Click **Search Patients** in the Patients sub-menu.



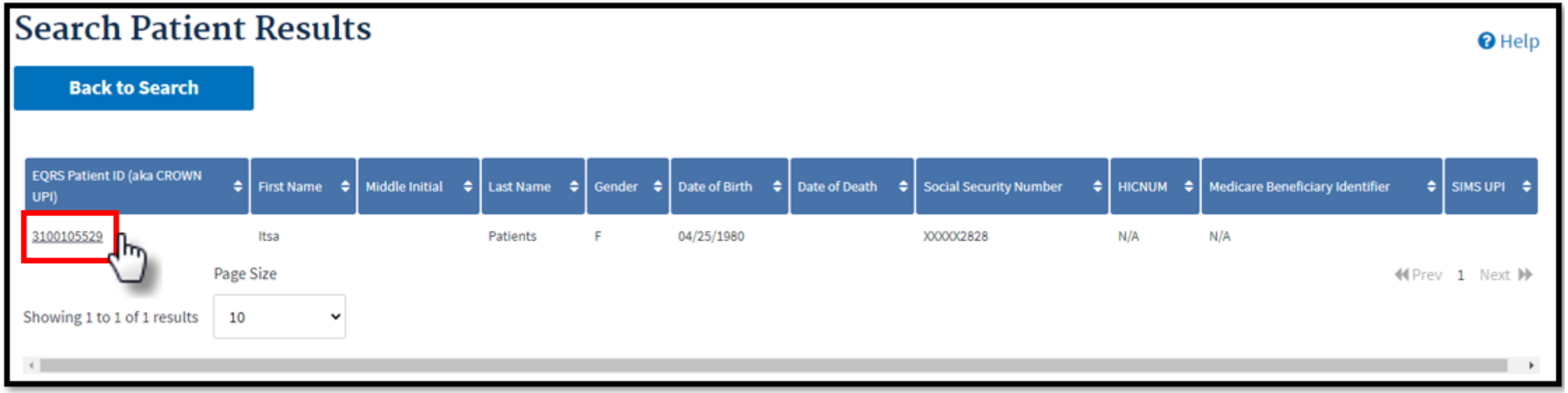
Infections Module Steps

Enter search criteria to locate patient. Click **Submit**.



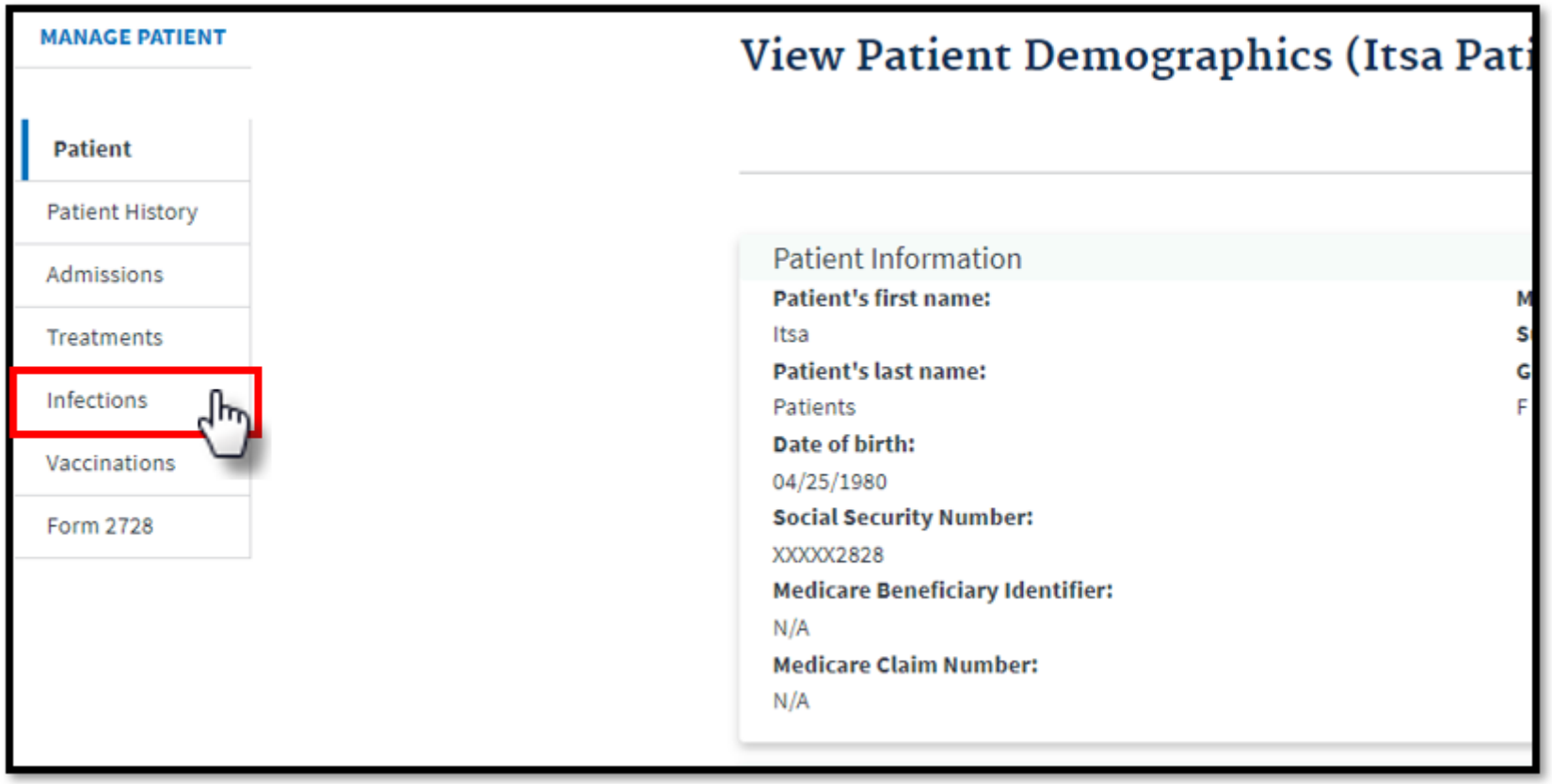
Infections Module Steps

Click the **EQRS Patient ID (aka CROWN UPI)**.



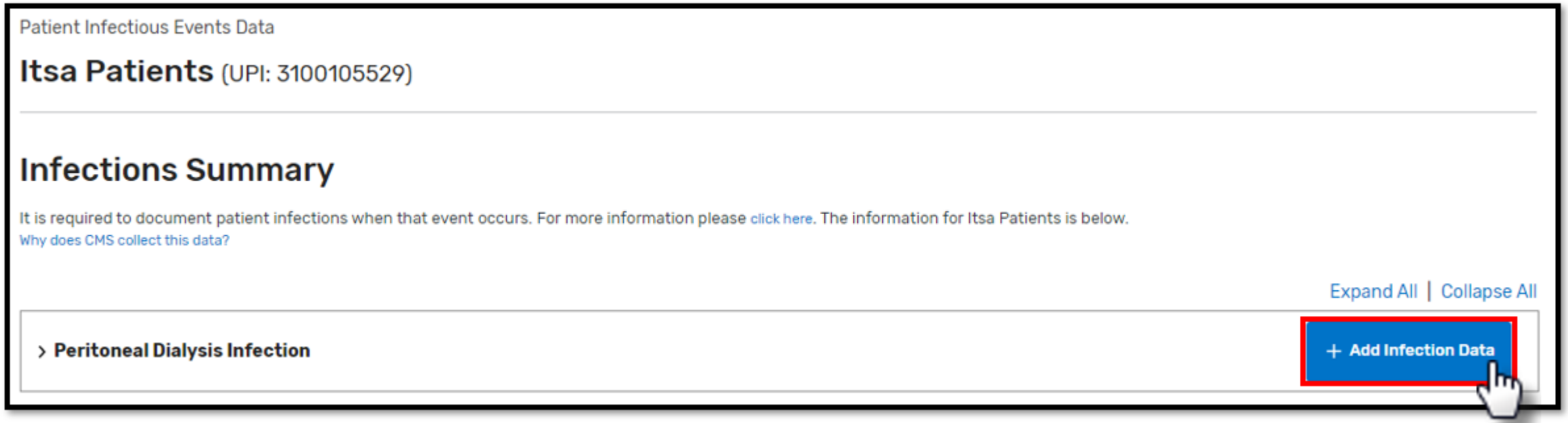
Infections Module Steps

On the View Patient Demographics screen, click the **Infections** link.



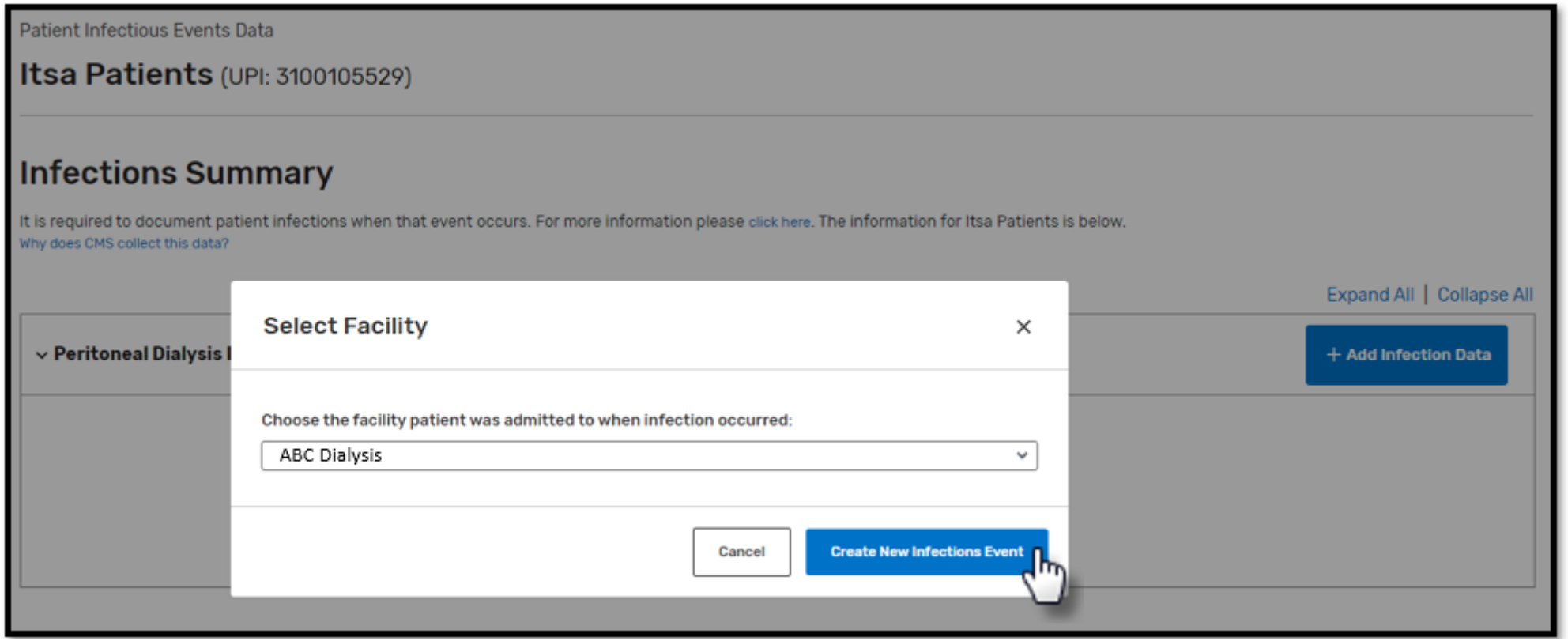
Infections Module Steps

Click the **Add Infection Data** link to add peritonitis infection information.



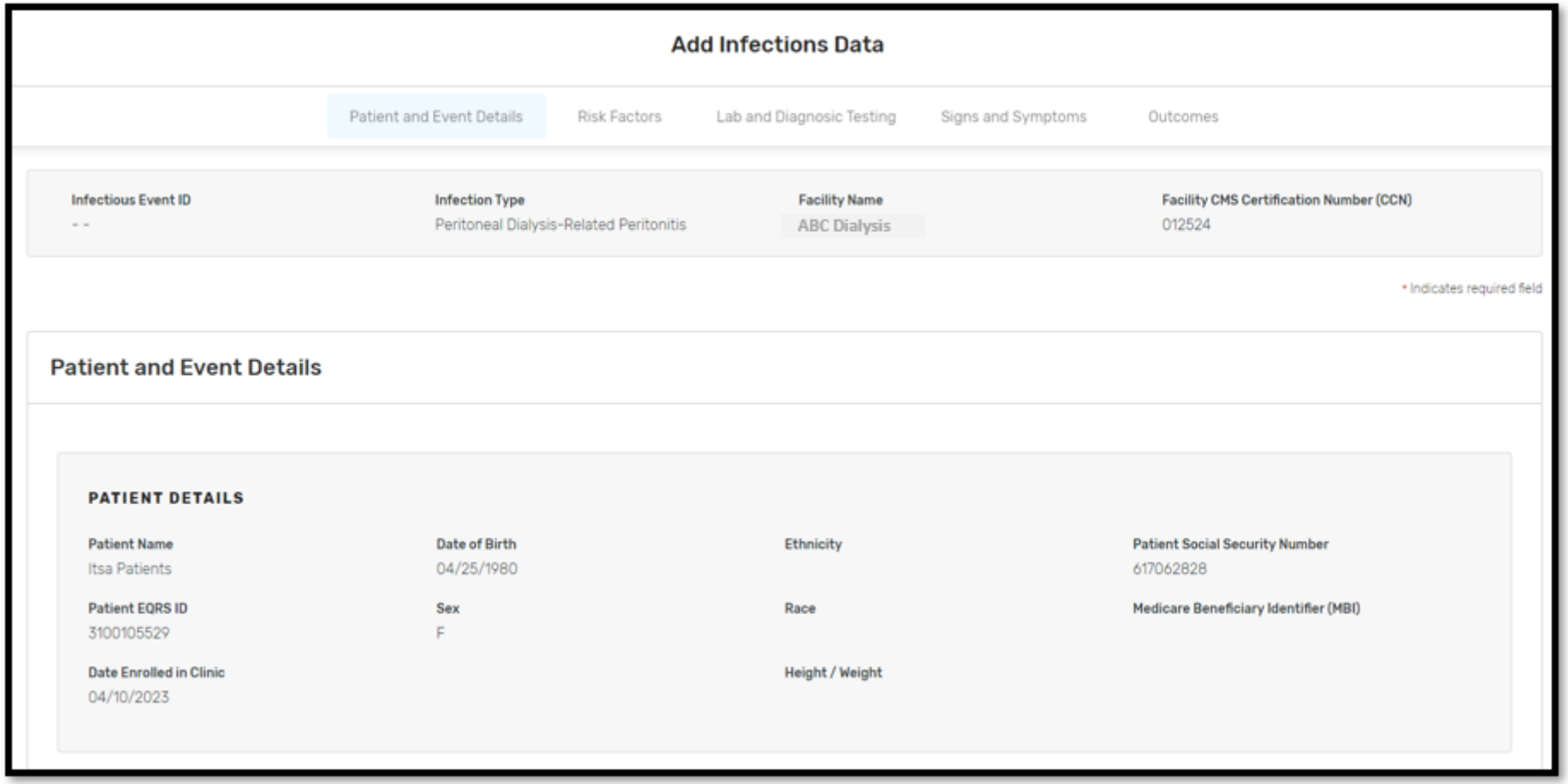
Infections Module Steps

Select Facility from the drop-down. Click on **Create New Infections Event** link to enter infection data.



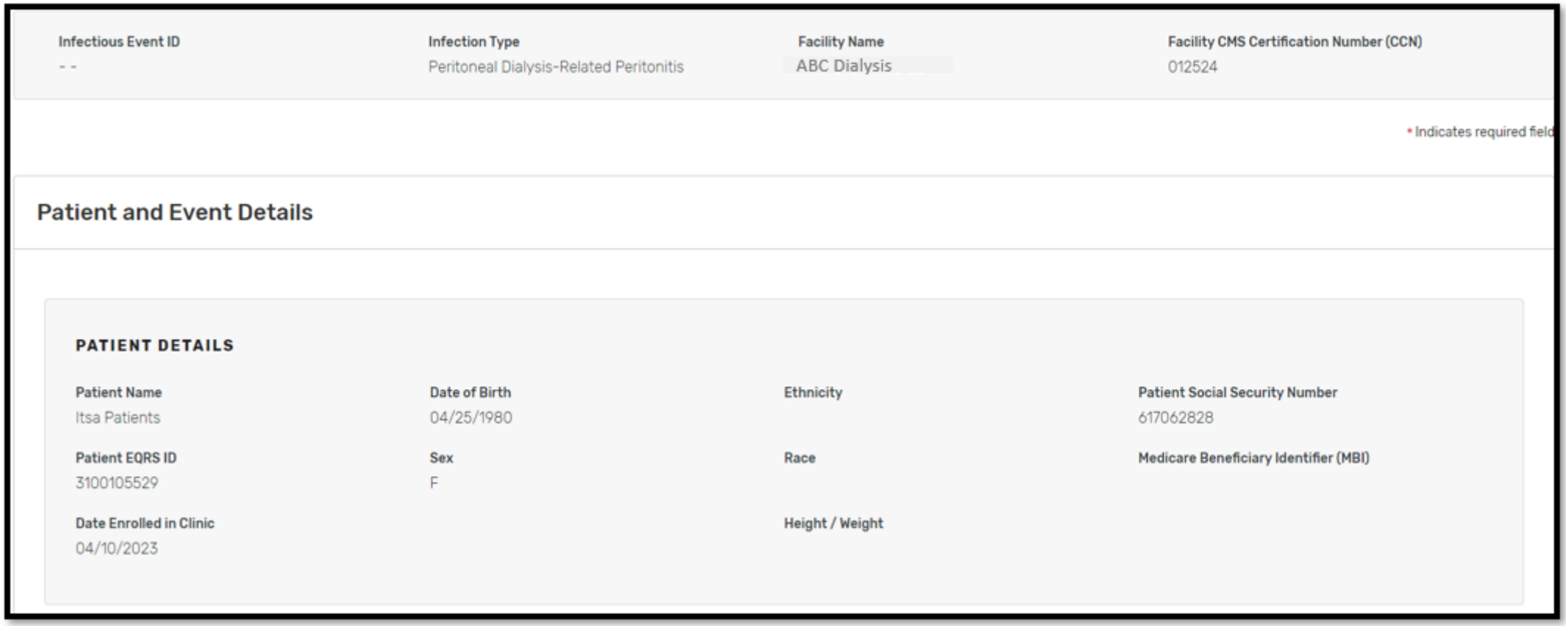
Infection Module Steps

View the **Add Infections Data** screen to add patient and event details.



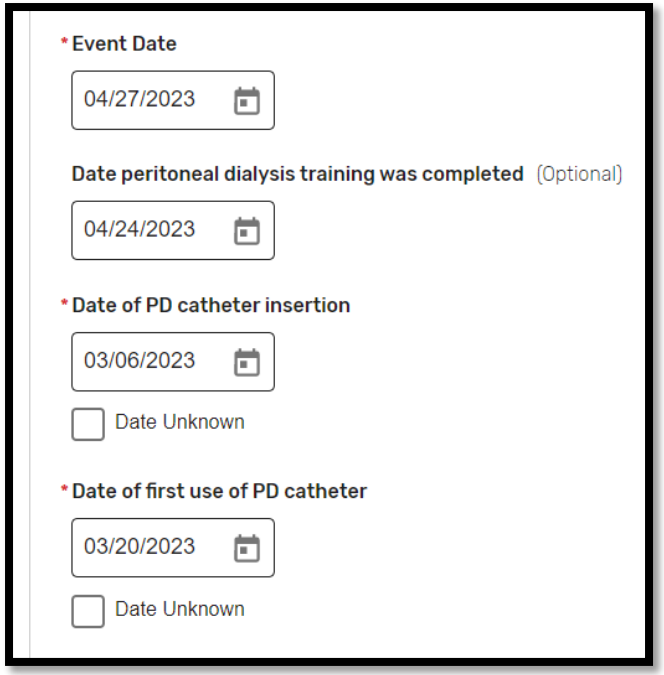
Infections Module Steps

Review the **Patient Details**.



Infections Module Steps

Enter the required data in the Patient and Event Details section.

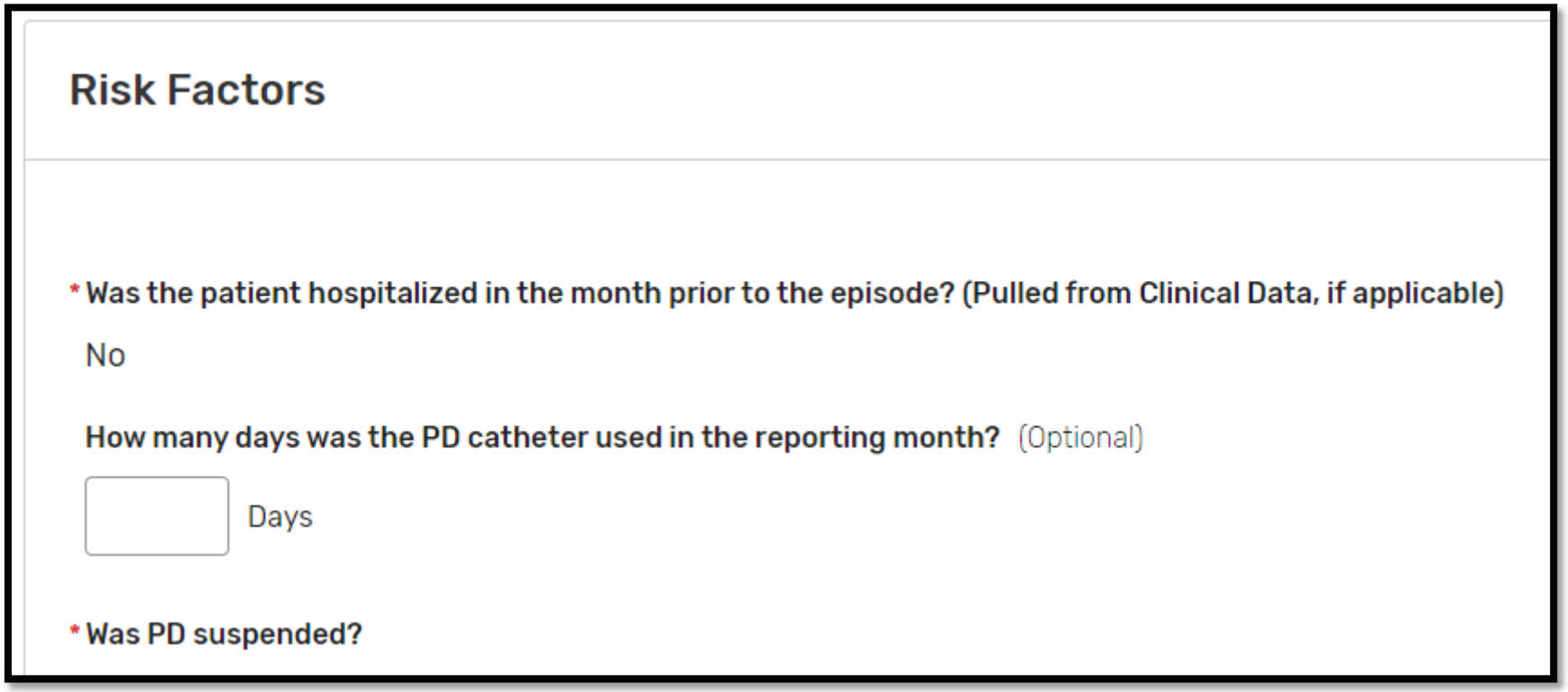


Tips:

- To save your data entry progress, enter the **Event Date**. Then, click the **Save & Exit** button at the bottom of the page.
- To save edits after the data has been submitted, click the **Save Changes** button at the bottom of the page.

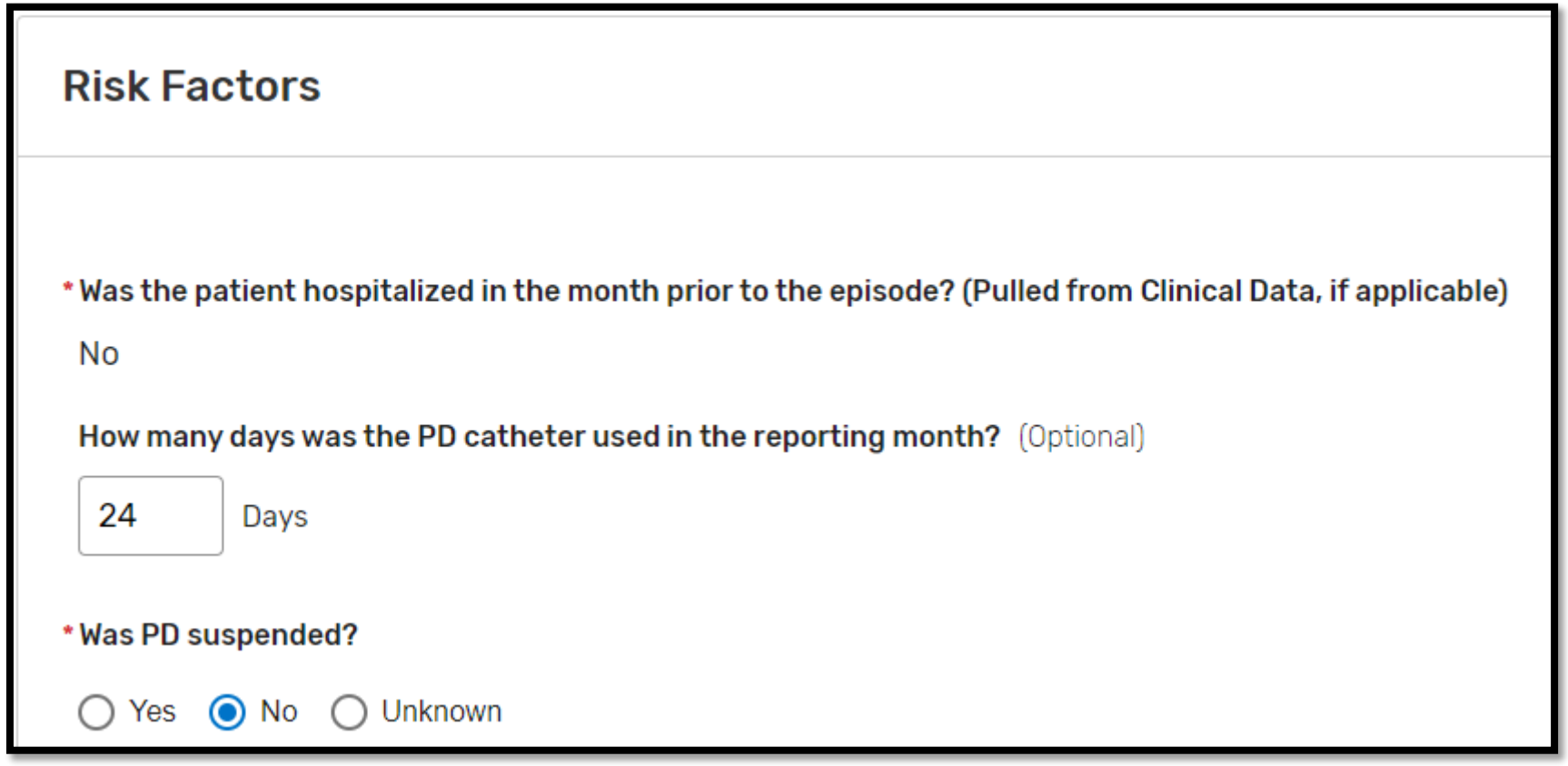
Infections Module Steps

Scroll to the **Risk Factors** section.



Infections Module Steps

Enter the required data under Risk Factors.

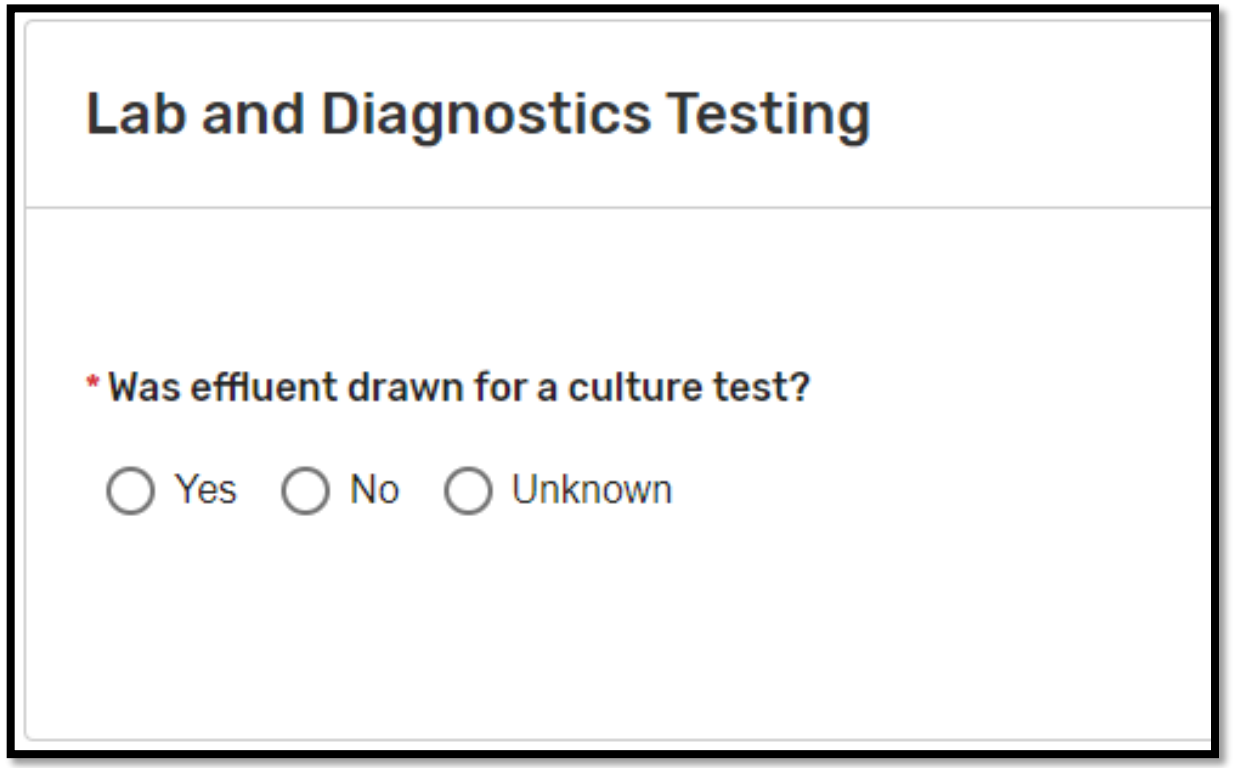


Infections Module Steps

Enter the required data.

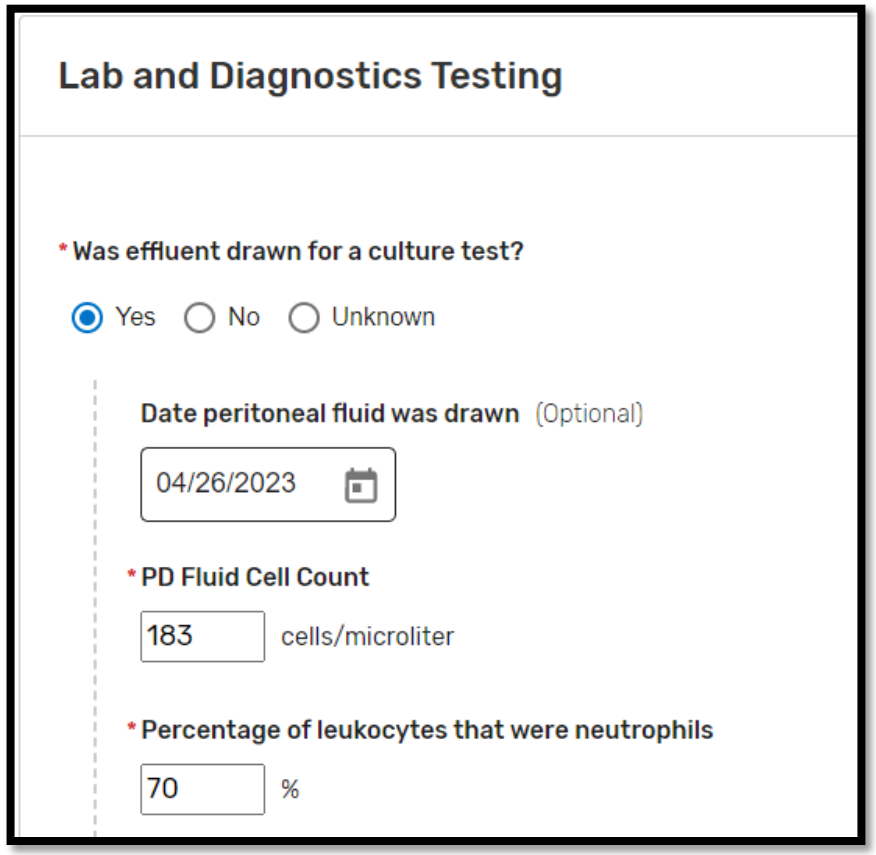
Infections Module Steps

Scroll to the **Lab and Diagnostic Testing** section.



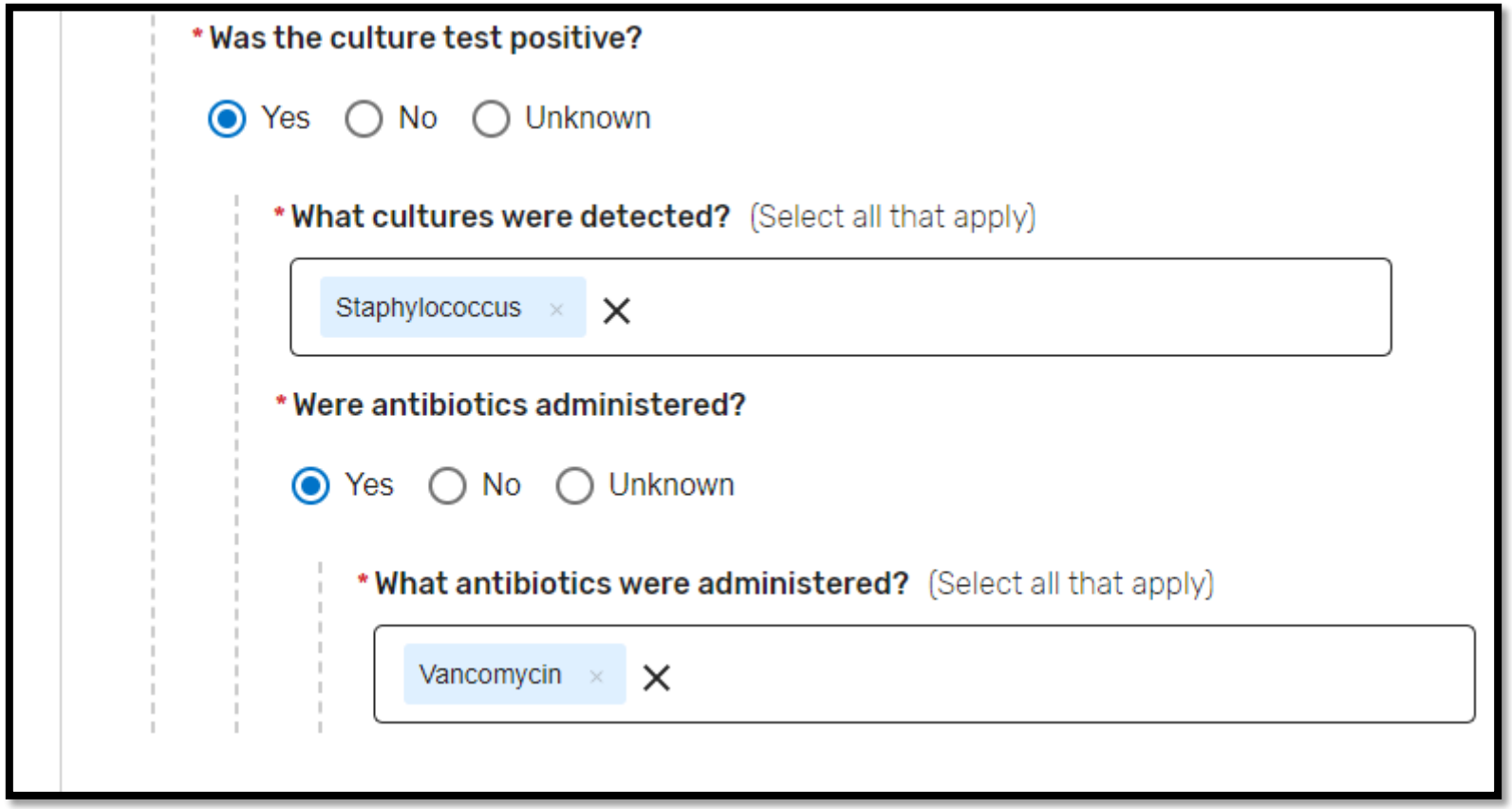
Infections Module Steps

Enter the required data.



Infections Module Steps

Enter the required data.

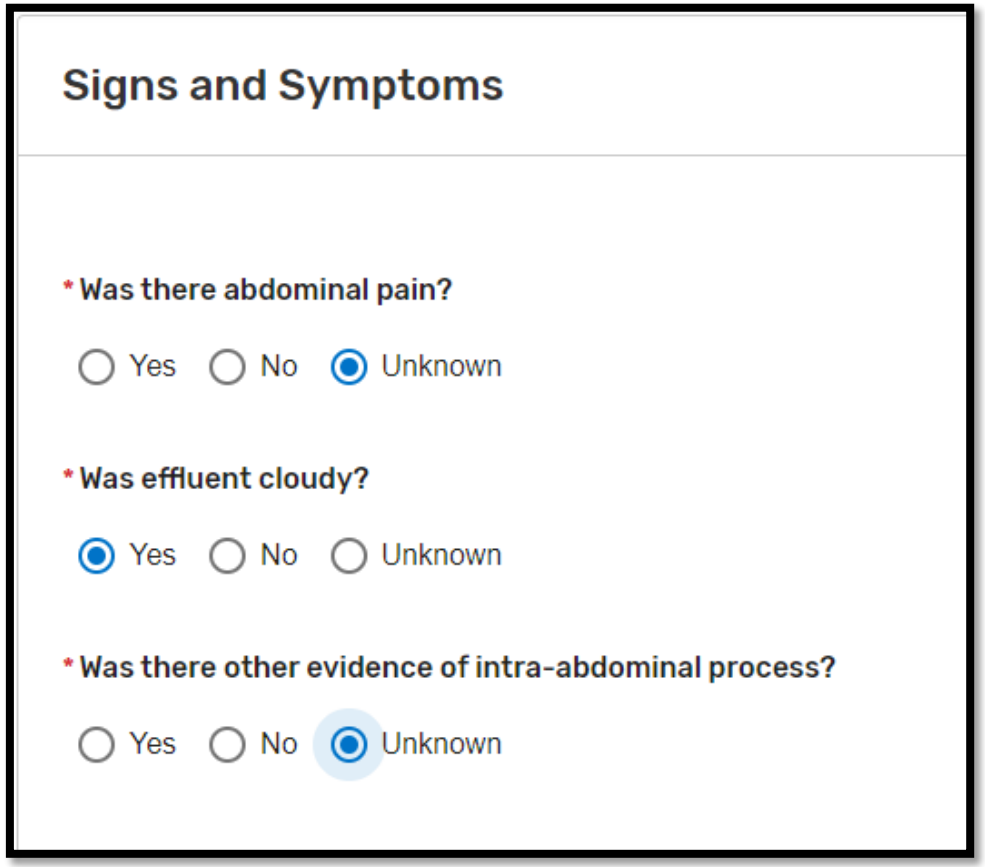


Infections Module Steps

Scroll to the **Signs and Symptoms** section.

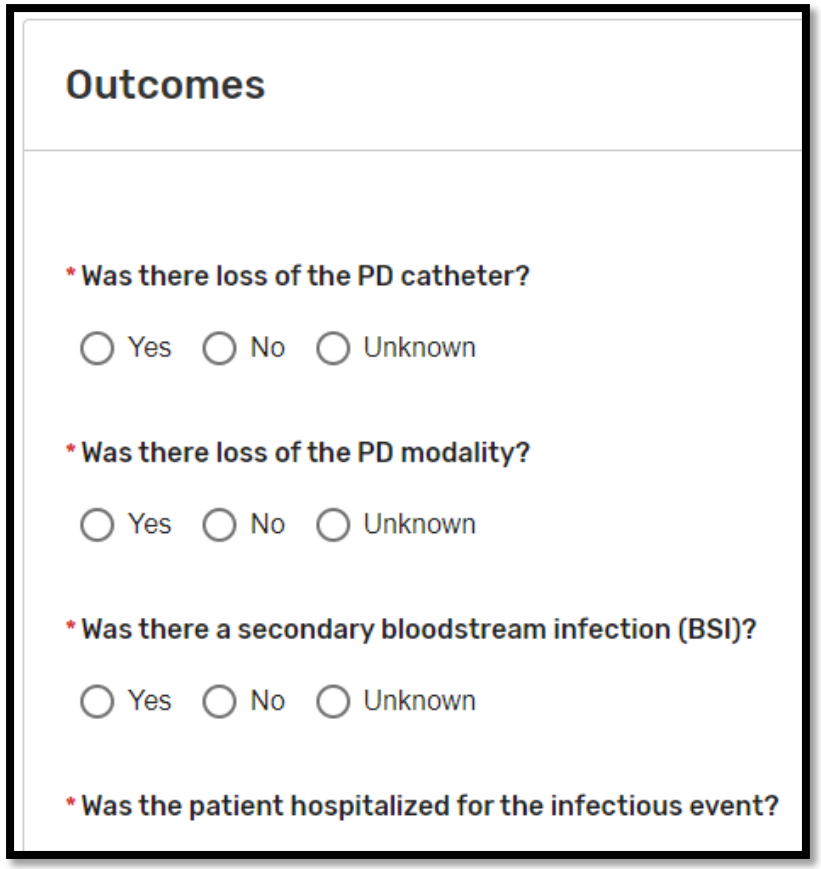
Infections Module Steps

Enter the required data.



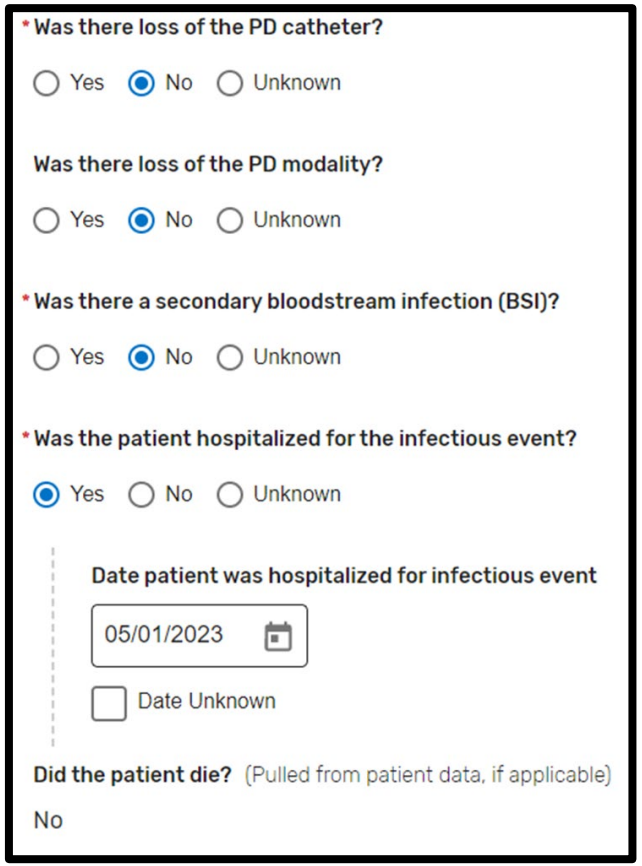
Infections Module Steps

Scroll to the **Outcomes** section.



Infections Module Steps

Enter the required data.

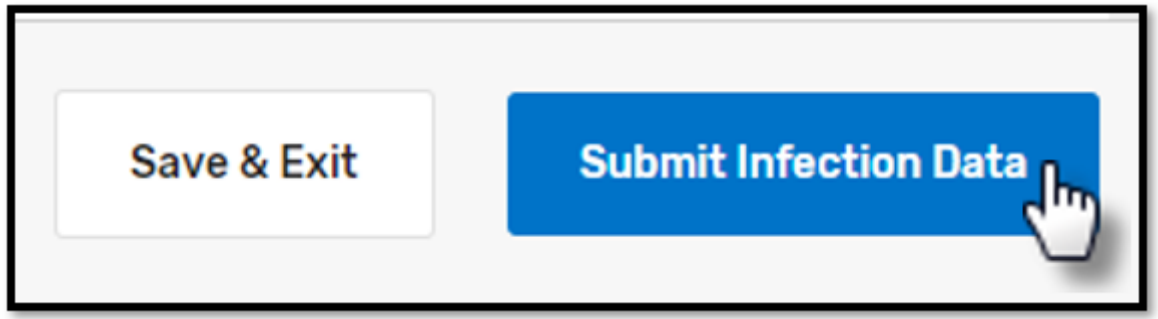


Submit Infection Data

- Click **Submit Infection Data** at the bottom of the page when data entry is complete.

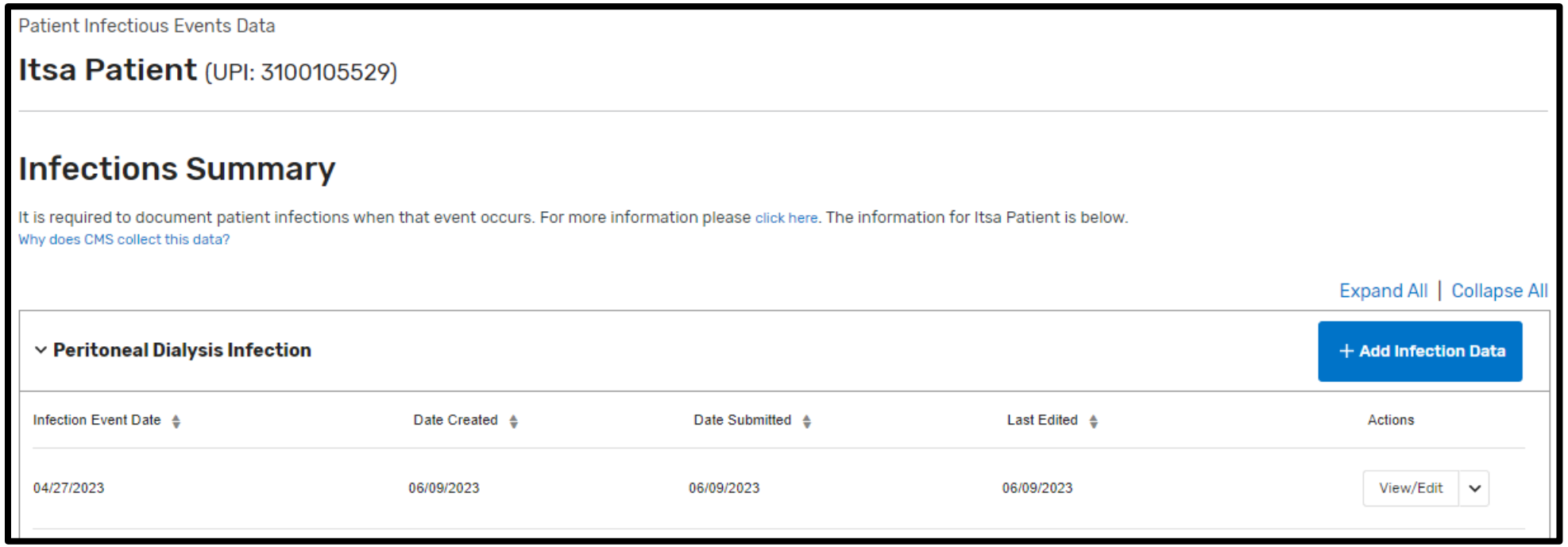
OR

- Click **Save & Exit** when data entry is not complete and needs to be completed later.



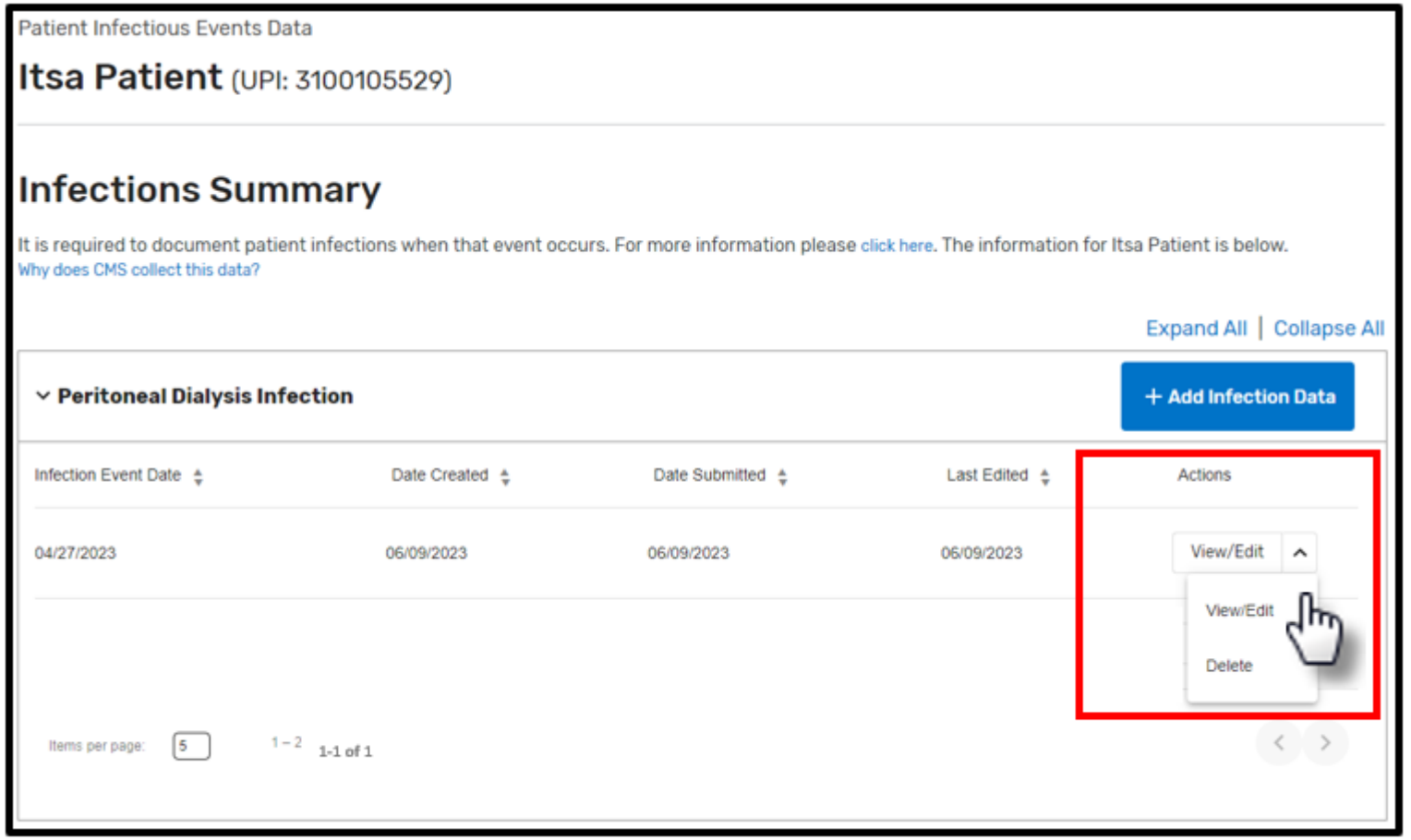
Review Peritoneal Dialysis Infection Summary

Review the peritoneal dialysis infection summary on the **Infections Summary** screen.



View/Edit/Delete Infection Data

View/Edit or **Delete** peritoneal dialysis infection data, as needed.

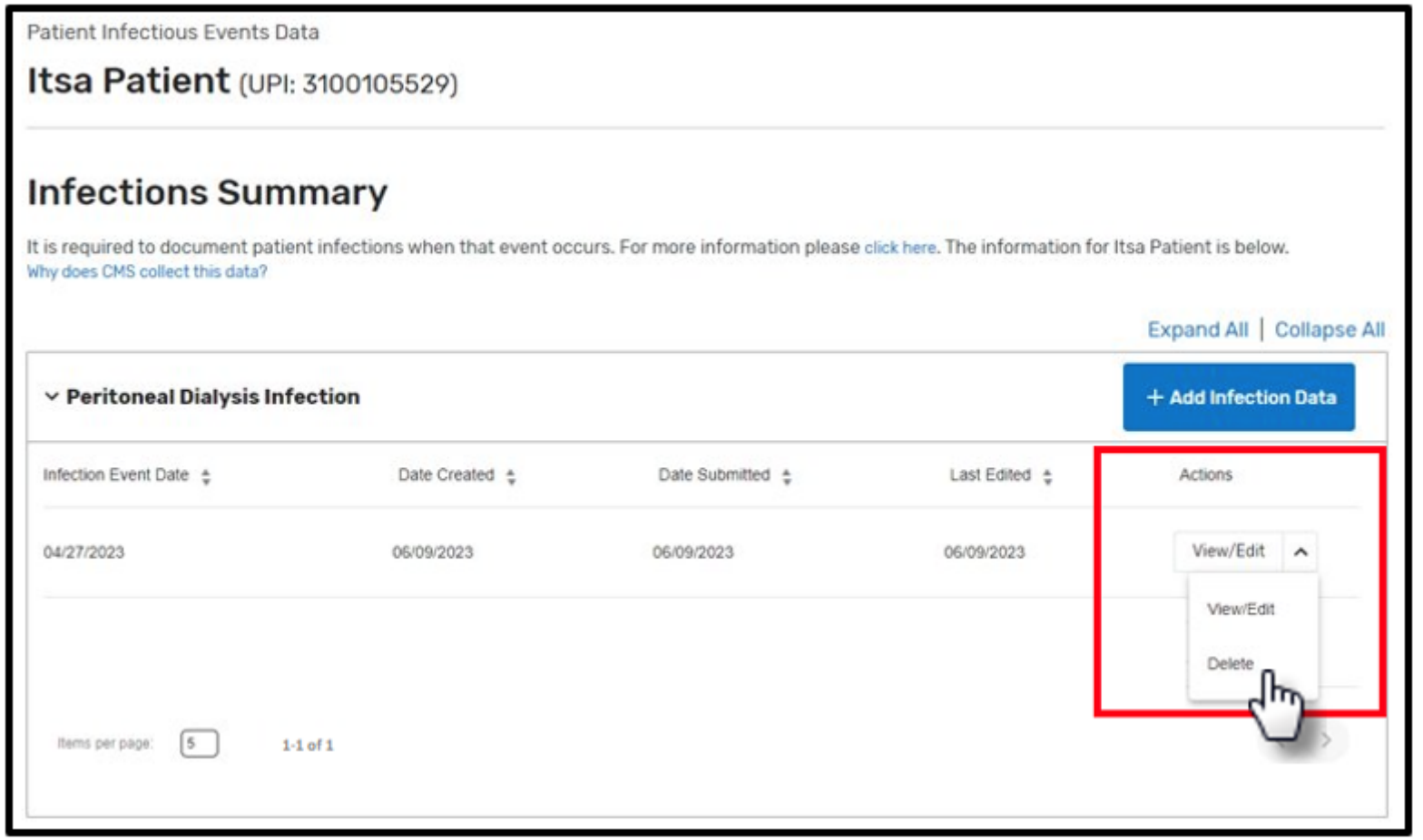


View/Edit Infection Data

- Click **View/Edit** Peritoneal Dialysis Infection Data.
- Make changes, as needed.
- Click **Save Changes** button at the bottom of the screen if edits were made**.**

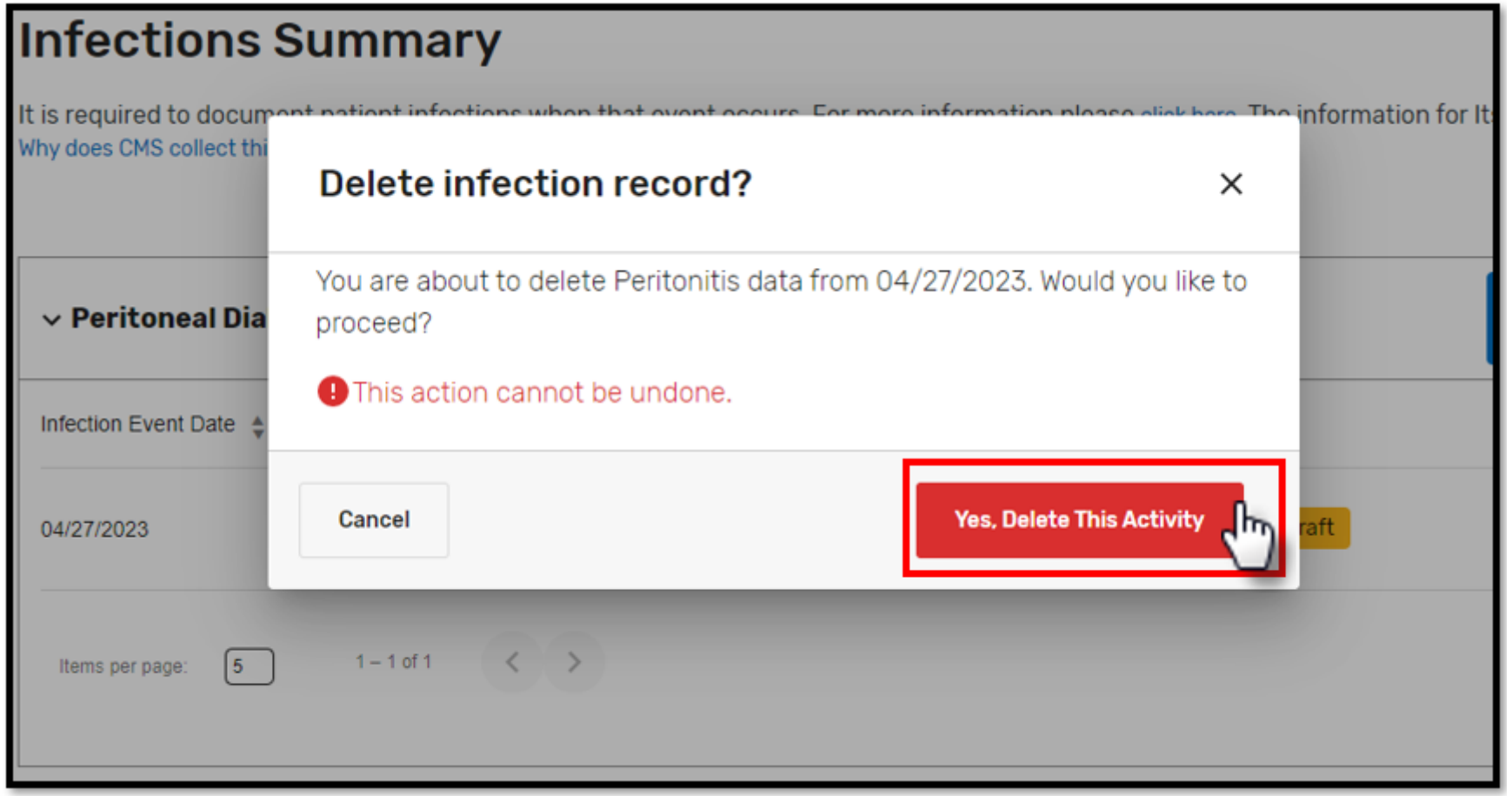
Delete Infection Data

Delete peritoneal dialysis infection data, as needed.



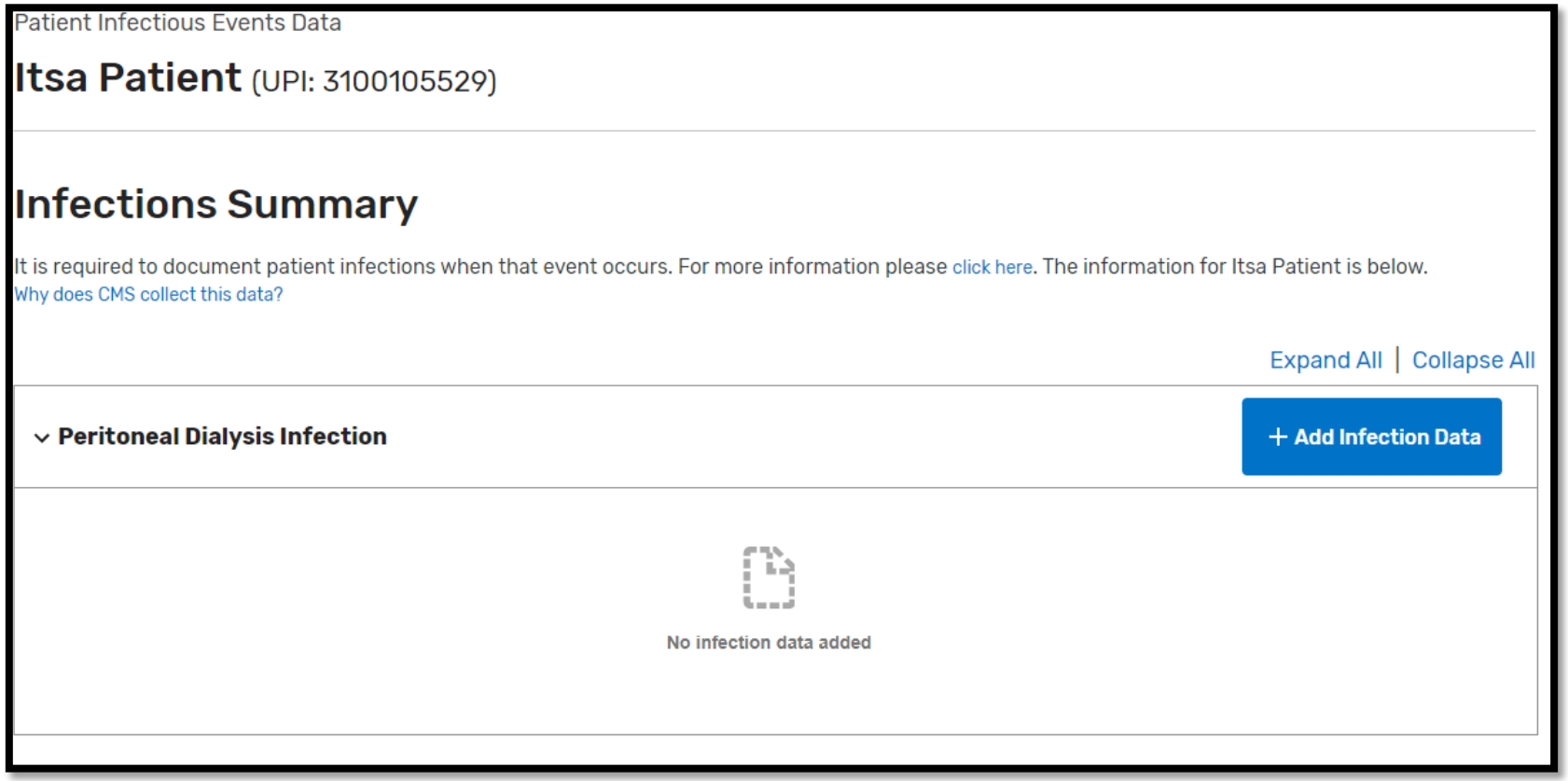
Delete Infection Data

Delete peritoneal dialysis infection data.



Delete Infection Data

Delete peritoneal dialysis infection data.



New Peritonitis Infections Module: Additional Information

Additional information on the new EQRS Peritonitis Infections Module is available on www.MyCROWNWeb.org:
CMS Infection Event Data Submission Requirements

New Feature:
Transplant Dashboard for Dialysis Facilities

Transplant Dashboard for Dialysis Facilities

- On May 17, 2023, CMS added a Transplant Dashboard for dialysis facilities in the Dashboard tab of EQRS.
- The Transplant Dashboard lists the following:
  - All living patients that are waitlisted with one or more transplants centers
  - Contact information for the transplant centers listed
  - Waitlist details and status

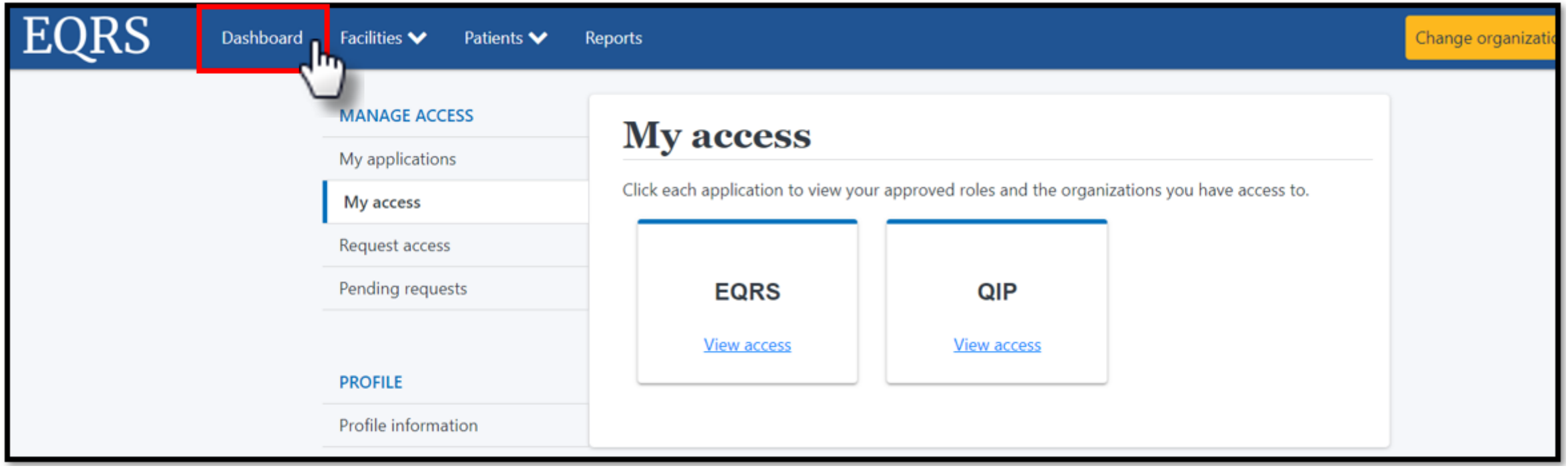
Transplant Dashboard for Dialysis Facilities

Dialysis facilities can use the Transplant Dashboard to:

- Track a patient's waitlist status.
- Communicate with transplant centers where their patients are listed.
- Help patients maintain their active transplant waitlist status to successfully receive a kidney transplant.

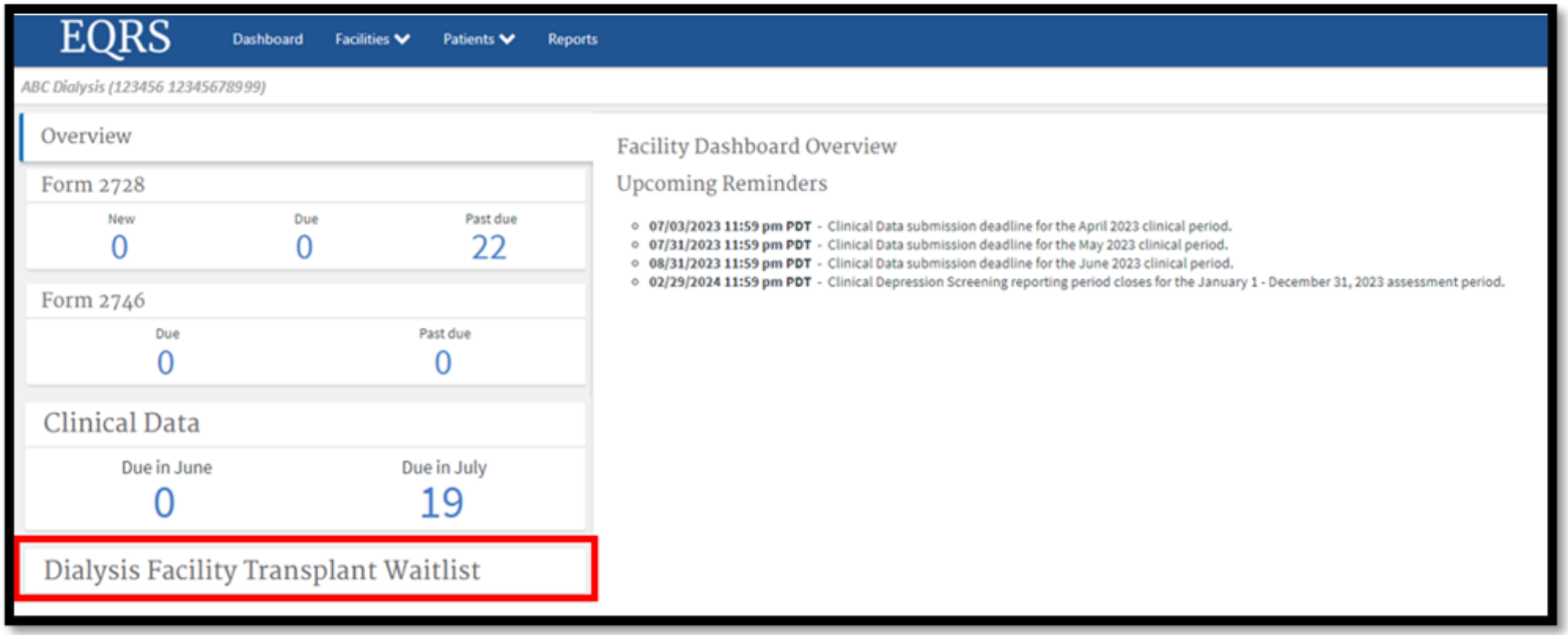
Transplant Dashboard

Click **Dashboard** in the navigation menu.



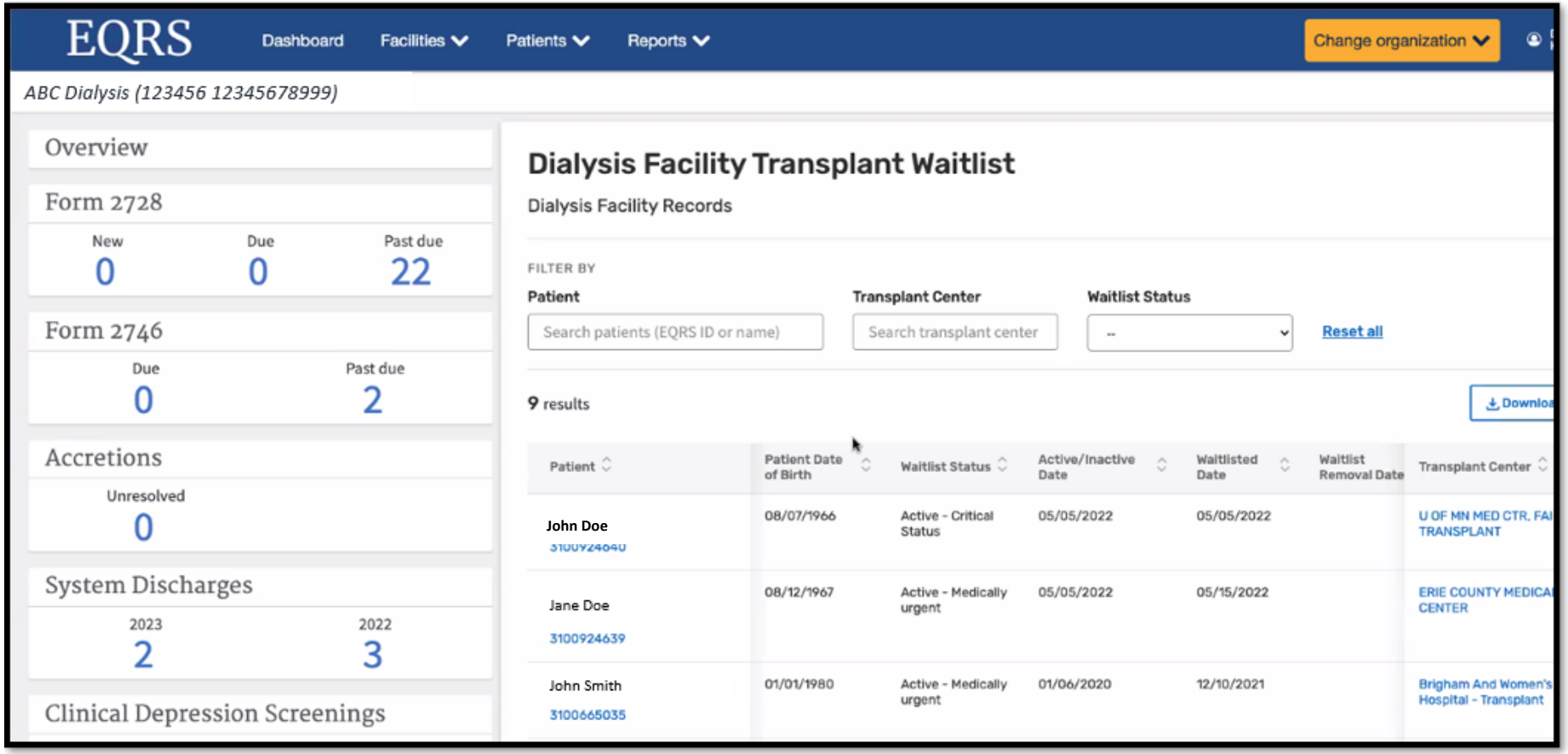
Transplant Dashboard

Scroll to and click on the **Dialysis Facility Transplant Waitlist link.**



Transplant Dashboard

View dashboard information.



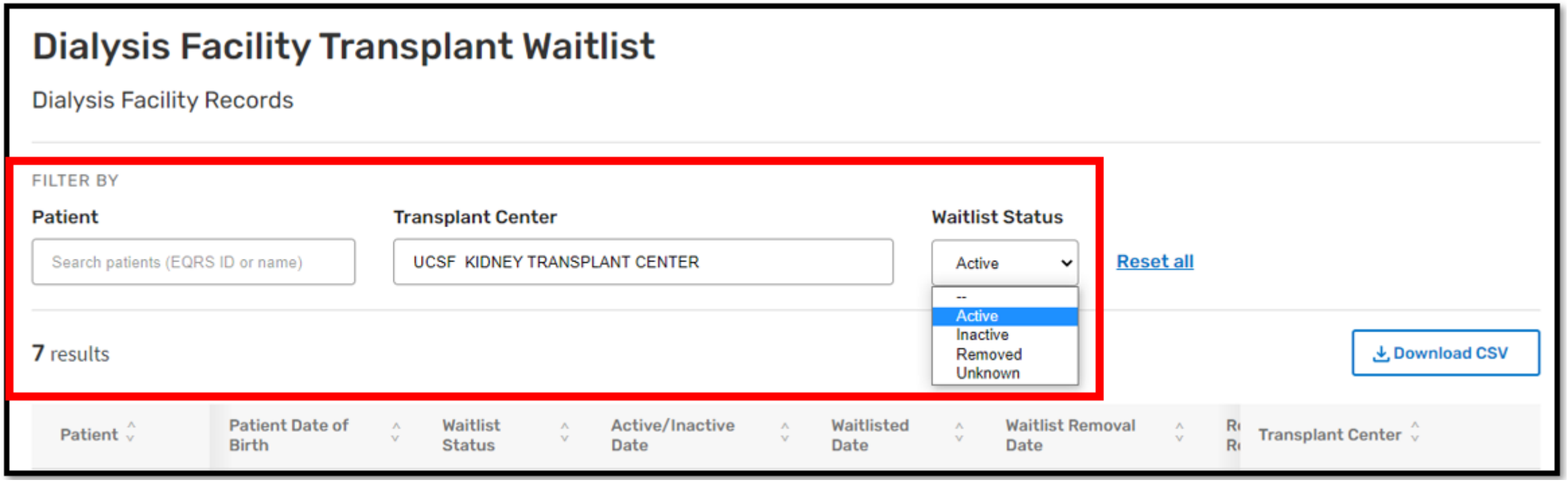
Transplant Dashboard Information

Fields from left to right:

- Patient
- Patient Date of Birth
- Waitlist Status
- Active/Inactive Date
- Waitlisted Date
- Waitlisted Removal Date
- Removal Reason
- Most Recent 2728 Dialysis Start Date
- Transplant Center

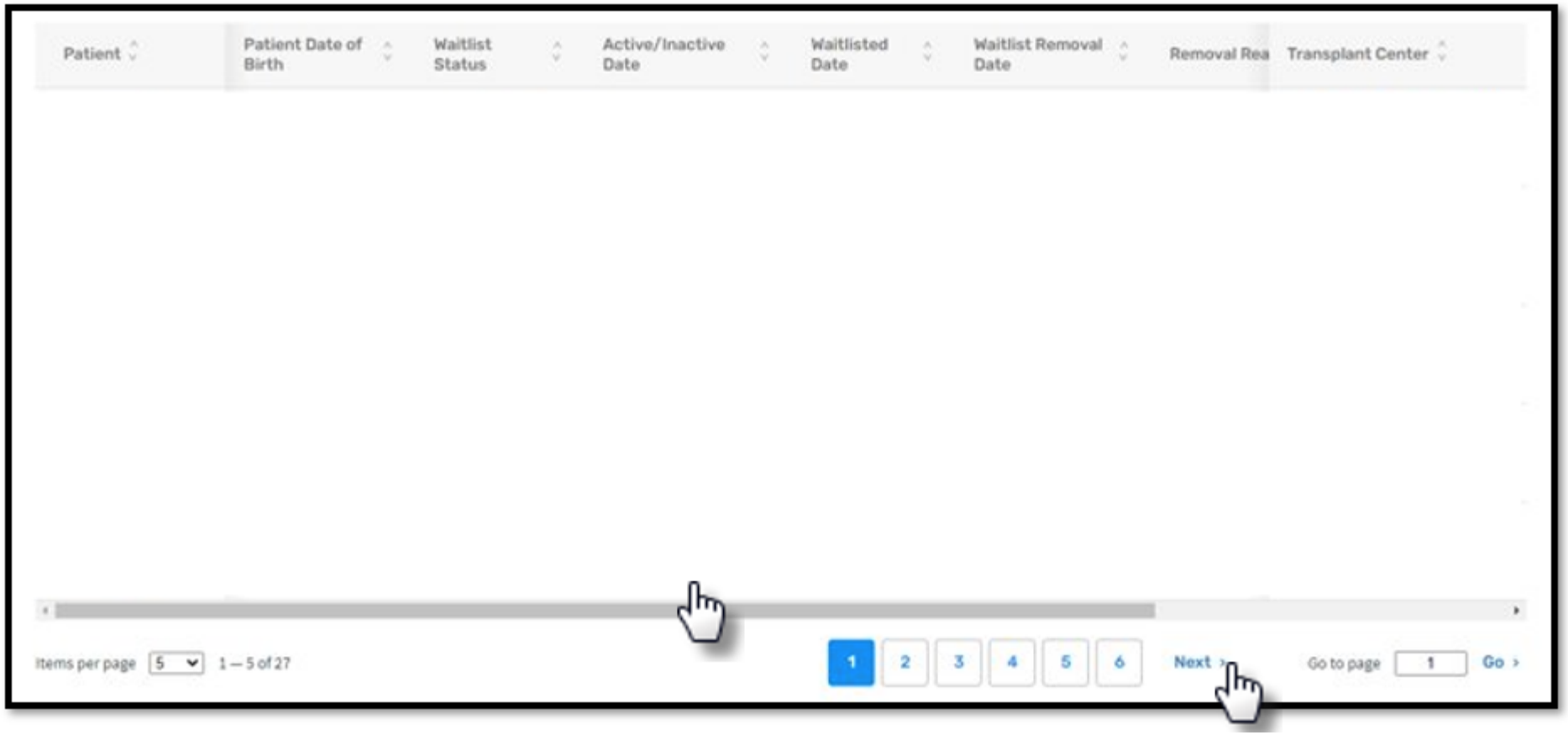
Transplant Dashboard

Filter by patient, transplant center, and waitlist status.



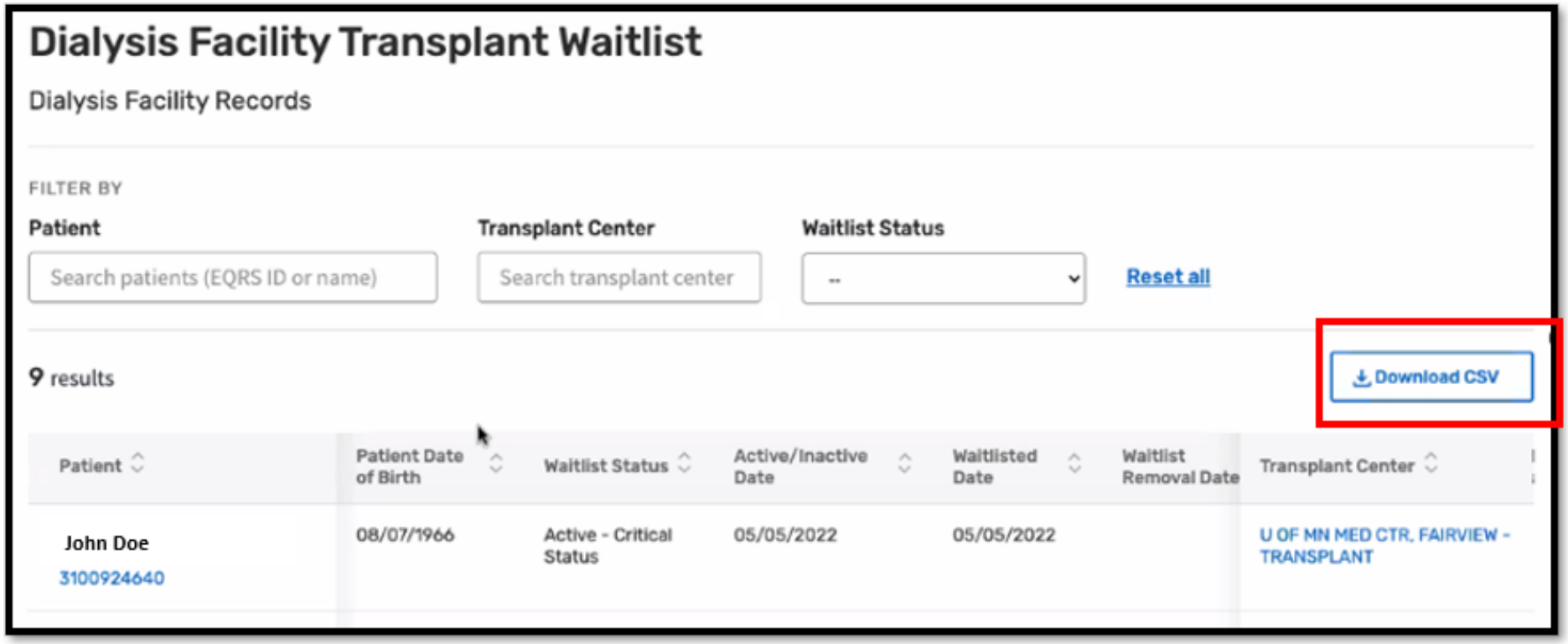
Transplant Dashboard Information

Scroll from left to right to view detailed information.



Transplant Dashboard Information

Click on the **Download CSV** button to download and print dashboard information.



Answers to FAQs

NHSN COVID-19 Reporting

Question: Do dialysis facilities still have to report COVID-19 data to NHSN since the COVID-19 Public Health Emergency has ended?

Answer: Yes. ESRD dialysis facilities are still required to report COVID-19 Vaccination Coverage Among HCP measure data to NHSN beyond the COVID-19 Public Health Emergency expiration date. The COVID-19 Vaccination Coverage Among HCP measure data should be reported to NHSN for at least **one week per month for each reporting quarter and submitted by quarterly deadline**.

Please consult your ESRD Network for any additional data reporting activities and requirements for COVID-19. Use this link to find your ESRD Network contact information: https://esrdncc.org/en/ESRD-network-map/

ESRD QIP Preview Period

Question: When can facilities preview their ESRD QIP scores before they are finalized?

Answer: Dialysis facilities can view their ESRD QIP preview reports and scores during the annual preview period. The PY 2024 ESRD QIP Preview Period is tentatively scheduled to open mid July 2023 and close mid August 2023. The preview period will remain open for approximately 30 days. During this time dialysis facilities can view their Performance Score Reports and submit inquiries to CMS.

Additional information about the ESRD QIP preview period is available on the ESRD QIP section of the QualityNet website: https://qualitynet.cms.gov/esrd/esrdqip/reports.

SHR, SRR, STrR Measure Updates

Question: Why is CMS updating the SHR, SRR, and STrR measures?

Answer: Beginning in PY 2024, CMS is updating the SHR and SRR measure results to be expressed as rates to help providers and patients better understand a facility's performance on these measures and to make data tracking easier on facilities.

Beginning in PY 2025, CMS is updating the STrR reporting measure to a clinical measure and updating the scoring methodology so that facilities are scored on the actual clinical values reported by the facility. Additionally, the STrR measure results will be expressed as rates, which is consistent with the SHR and SRR measures.

Peritonitis Infections Module

Question: Is it required to enter peritonitis infection data in EQRS? Are peritonitis infection data also required to be reported to NHSN?

Answer: It is required to enter peritonitis infection data in EQRS any time a peritonitis infection event occurs. The purpose of the new Peritonitis Infections Module is to capture important peritoneal dialysis infection data and rates among peritoneal dialysis patients. However, CMS does not currently require facilities to report peritonitis infection data to the NHSN system.

Peritonitis Infections Module

Question: Does peritonitis infection data have to be entered and submitted all at once in EQRS?

Answer: No. EQRS users can save data entry progress within the module and return later to complete the remaining required fields. Once an Event Date (first field in the module) is entered in the *Patient and Event Details* section, users can save their data and return to the module later to complete and submit their data entry. Data within the Infections module remains editable even after submission.

Additional information on the Peritonitis Infections Module is available on www.MyCROWNWeb.org: CMS Infection Event Data Submission Requirements

Peritonitis Infections Module

Question: Where and when do we enter peritonitis infection data into EQRS?

Answer: Dialysis facilities are required to enter peritonitis infection data on the *Manage Patient* screen under the new *Infections* tab in EQRS any time a peritonitis infection occurs. Follow these steps to enter peritonitis infection data:

1) Log into EQRS and click on the **Patients** drop-down tab.
2) Select **Search Patients** in the sub-menu.
3) Conduct your search by completing the search fields and clicking **Submit**.
4) Click on the **EQRS Patient ID** link to open the patients record.
5) Click the **Infections** link on the left side of the screen to access the Peritonitis Infections Module.

Questions

Questions

Type questions in the **Ask the Staff a Question** section.

Then, click **Send**.

Additional Resources

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 User Interface Guide	https://qualitynet.cms.gov/esrd/esrdqip/reports
Health Care Quality Information System Access Roles and Profile 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/
- Center for Clinical Standards and Quality 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.

Thank You

Disclaimer

This presentation was current at the time of publication and/or upload. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.