PY 2025 ESRD QIP Preview Period Webinar

July 16, 2024, 2:00PM ET

1h 3m 58s

AK **Alissa Kapke** 0:06

Well, hello everyone, and welcome to the ESRD Quality Incentive program payment year 2025 Preview Period webinar.

My name is Alissa Kapke, and I will be one of our speakers today.

But before we begin, I would like to take a moment to introduce my team who will be presenting at this, and at future ESRD outreach, communication and training, or EOCT events.

I am a research scientist at Arbor Research Collaborative for Health, and Arbor Research in collaboration with our partners at Quality Insights is new to the EOCT role, but we have been involved with the ESRD QIP and its data sources, including EQRS since its establishment almost 15 years ago. We are thrilled to contribute our knowledge to this crucial aspect of the quality incentive program and EQRS, and we are looking forward to hearing from you all about future topics for upcoming EOCT presentations, in order to assist you in gaining a better understanding of the QIP and new EQRS features.

With that, I will jump into today's agenda.

Steve Hines from Arbor Research will be presenting housekeeping items and also share our registration polling events. Following that, Nan Ji, also from Arbor Research, will be covering what is new in payment year 2025, and then I will cover what is available in the QIP UI.

Including the QIP scores and reports, as well as how does someone submit inquiries during the preview period.

I will also cover upcoming reporting deadlines and then we will end today's presentation with a live Q&A.

Steve, I will pass things over to you now.

SH **Steve Hines** 4:34

Alright, thank you very much.

And just as a reminder that the information provided is an informal reference, and doesn't constitute official CMS guidance, but by all means, check other sources that we'll be referencing, for additional information.

As far as housekeeping is concerned, your lines are muted, but we will use the Q&A feature throughout the session, including questions that you have for the presenters, or if you just have a comment on something that's being said, you can enter that into the Q&A feature.

If you have any technical issues, you can request support in the chat feature and then after the event is over, shortly after it's over, we'll be posting these slides, and in a couple of days, the recording of today's event as well.

If you have general questions, and we got some great questions in the registration process, you can always submit those to the email inbox that you see on your screen here.

So, having said that, if you want to make a comment or submit a question, click on the Q&A on the top of your screen, and then pick 'ask a question' and type your question in the box on the right hand side of the screen, and we'll look at those questions, and we'll try to respond to them either by the speakers, while they're presenting, or at the end.

And if there's a question that we don't get to, we will try to follow up in some form or other, perhaps by creating a FAQ document for the event, based on how many questions there are.

Uh, we did ask you, and thanks very much for your input.

We really want to make these events as responsive to your needs as possible, so we asked you a question, if you recall, on what your backgrounds were... and you see the distribution here, it ranges from about half of the respondents that registered for the event, are one of several ESRD QIP users in their facility, whereas, smaller percentages are either the sole ESRD QIP user in their facilities, or they may support multiple facilities, or they may not be affiliated with the facility at all.

All of you are welcome.

We recognize that your informational needs may be a little bit different, and we're committed to helping each of those groups as much as possible.

And if you've got a question, and it seems like everyone should be asking it, go ahead and ask it, because you may be representing people in the group that you're from.

We also asked about your interest in the topics for today's event, and about 2/3 of you said that all of the topics that Alissa just identified, are equally important to you, which is great.

Of the others, the largest was the updates on the payment year 2025 measure

changes.

So we'll be definitely addressing those topics, and we'll be trying to incorporate answers to as many of those questions as we can that people were able to ask in the registration process also.

So we will try to answer all those questions and if we miss some, as I said, by all means, follow up, or we'll try to post additional answers as well.

Having said that, let me turn it over to Nan.

NJ **Nan Ji** 7:59

All right.

Thank you, Steve.

Good afternoon, everyone.

As Alissa mentioned, my name is Nan Ji and I am a senior analyst for Arbor Research Collaborative for Health.

Today I will be reviewing the ESRD QIP payment year 2025 preview period information.

The payment year 2025 preview period began on July 15th, 2024, which was yesterday, and it ends on August 15th, 2024, at 11:59 PM Pacific Time.

Preview performance score reports were made available July 15th, 2024, on the EQRS website.

If you have not accessed your reports yet, please confirm your access to EQRS as soon as possible, to avoid any delays accessing your reports before the preview period ends.

Please know that some responses may be delivered after the close of the preview period, same as well,

and to respond to all the questions within 45 days following the end of the preview period, which corresponds to a target date of September 30th for this year. And the final performance score reports and the performance score certificates, are scheduled to be available in late 2024. Once the performance score certificates are made available, facilities must download, print and post, both the English and Spanish versions in a prominent location of the facility.

The certificates must be posted within the first 15 business days of its availability and remain posted throughout the duration of year 2025.

So why is the PY 2025 preview period so important? First, please note that the payment calculations for year 2025 are directly tied to the scores reported during this

time.

Additionally, it's important to keep in mind that this is the only window in which corrections of inaccurate scores can be made, ensuring the integrity of the payment process and preventing future disputes or complications.

For PY 2025, the minimum total performance score or MTPS, is 55, to avoid an ESRD QIP penalty. As you can see in the table, for every 10 points below the MTPS, facilities will receive an additional .5% payment reduction up to 2%.

OK, now let's review the major changes in PY 2025 preview period, comparing it with the previous payment year.

First, here is an overview of major changes in QIP measures and QIP scoring.

So starting from PY 2025, the standardized transfusion ratio, or the STrR, is converting from a reporting measure to a clinical measure.

And meanwhile, hypercalcemia is converting from a clinical measure to a reporting measure.

There is a new COVID-19 Healthcare Personnel vaccination reporting measure added to the program.

In addition, a new reporting measure domain is adopted, which accounts for 10% of TPS calculation.

Along with this change, all the reporting measures are now moved to the reporting measure domain and are equally weighted.

For more details regarding PY 2025 ESRD QIP scoring, please refer to the calendar year 2023 ESRD PPS final rules posted on the Federal Register website.

Here you'll see an overview of the ESRD QIP measures and domains that were used to assess facility performance for payment year 2025.

We encourage you to visit the CMS ESRD measures manual to learn more about these measures, including the data sources used, the numerator, denominator and measure exclusion details.

For payment year 2025, there are five domains, including the Clinical Care Domain, Care Coordination Domain, Patient & Family Engagement Domain, Safety Domain, and the Reporting Measure Domain, which as we mentioned earlier, is new for PY 2025 and includes all of the reporting measures.

Please note that, facilities need to be scored for at least two out of the five domains in order to receive a total performance score.

This slide demonstrates the directionality of the PY 2025 clinical measures and their effects on the performance standards in relationship to measure rates and ratios.

For the KT over V dialysis adequacy measure, the standardized fistula rate measure, the ICH CAHPS measure, and the percentage of prevalent patients waitlisted or PPPW measure, a higher percentage rate, indicates better care. And in the bottom diagram, the long-term catheter rate measure, NHSN bloodstream infection measure, the standardized transfusion ratio, the standardized readmission ratio, and the standardized hospitalization ratio measures, a lower percentage rate or ratio indicates better care.

Now let's review the report updates for PY 2025.

First, let's talk about the preview PSR.

The PSR contains your facilities individual measure scores.

These are the results and scores that are based on data submitted for each eligible PY 2025 measure.

The PSR provides an explanation of how your measure scores were weighted and how they translate into your total performance score, or TPS.

As mentioned earlier, the minimum TPS which is used to determine the cut point for payment reductions is 55 for payment year 2025.

The 2025 performance standards were calculated using calendar year 2019 data and calendar year 2021 data.

Additional information about the PSR is contained in the guide to the payment year 2025 Performance Score report, which is available on the QualityNet website, and we will introduce more details for the guide to the PSR on a later slide.

After downloading your report, closely review it for accuracy. Here, on this slide, is the first page of a sample PSR with fake data for clinical care measures, including those shown in table one of your PSR.

The improvement and performance rate or ratios and improvement and achievement scores will be displayed if your facility was eligible for the measure.

The last column in each table shows the measure weights as a percentage of the individual domain weight.

The last page of the preview PSR, provides a summary of the facility scores, measure weights and weighted scores, as well as the State and National Average Scores.

Below the table, the minimum TPS, which is 55 is [unclear] if applicable TPS and payment reduction percentages are displayed.

If your facility is not eligible to receive a TPS or payment reduction, no score and no reduction will be displayed.

In addition to the preview PSR, authorized users are able to access available patient

list reports or PLRs, which is a list of patients who are included in each of the measure calculations.

Additionally, if you are a corporate POC, you may access the previous performance score summary report, or PSSR. Report access, and the ability to perform certain tasks within the ESRD QIP user interface are based on a user's role, which will be covered later in the ESRD QIP user interface training portal of this presentation.

Now let's talk about the patient list report or the PLR.

The PLR contains a list of patients who were included in each of the measure calculations.

We'll take a look at a sample PLR in a moment.

The purpose of the PLR is to help provide you with a better understanding of which data were used in the major calculation and to help provide a means for you to confirm that the data used in the measure calculations are correct.

If the data in the report appears incorrect, please submit an inquiry with specific patient information for clarification. In your inquiry, you may identify the patient but use the EQRS patient ID provided in the report.

Let's take a look at the sample PLR.

And as a reminder, any data listed in these screenshots are mock data.

So unlike the PSR, this is a spreadsheet.

It separates the data into tabs that can be accessed by clicking on the tabs at the bottom.

The first tab provides you with an overview of the report parameters.

This enables you to ensure that you have the correct report by reviewing the facility payment year and measurement period displayed.

And as you navigate through each tab of the PLR, you will see that the reports include details such as the patient MBI, patient ID, first and last name, as well as MBI history and measurement period.

You will be able to use the information in this report to identify which patients were included in the calculation for each measure.

If you have any questions upon review and need to refer to a specific patient within your inquiry, please include the patient ID or row number from the spreadsheet in your inquiry.

At a high level, the preview performance score summary report or PSSR, contains the performance rates and scores of each facility for the given payment year.

It is a summarized view of the major result for all selected facilities, and it can be

used to view results for multiple facilities.

This report is available to corporate point of contact, CMS and CMS support users.

Materials supporting the ESRD QIP preview period are available via the ESRD QIP page on the QualityNet website.

More specifically, a guide to the payment year 2025 QIP performance score reports and payment year 2025 ESRD QIP user interface.

Quick Start Guide, are available to download from the qualitynet.cms.gov website.

Now I'll turn over to Alissa to talk about what you should do in order to have a successful preview period.

Alissa Kapke 20:41

Alright.

Thank you, Nan.

Now let's cover what every facility and organization should do during the preview period.

So, I'll first cover what we call the 3A's, access your results, assess your reports and ask questions. Over the next several slides, I will cover the QIP roles and functionality, go over how to access the QIP user interface, view your scores in the application, view and download reports, and submit, save and reply to inquiries.

In this training, I will cover the tasks that will be performed at the facility as well as the corporate level users.

So first, let's talk about how to access your QIP results.

To do so, you must first access the ESRD QIP user interface.

Then it is important for you to determine what user role you need in the QIP application and then understand what is displayed in the scores and feedback section of the QIP UI.

So the first step you'll need to do in order to access the ESRD QIP UI, is to complete the Healthcare Quality Information System Account Roles and Profiles, better known as HARP account registration.

If you already have a HARP account, you do not need to complete the registration process again, only one HARP account is needed to access multiple areas within EQRS. For step by step instructions on how to establish a HARP account, please visit Crownweb.org and go to the education page to access the HARP training materials, and we've provided some links on this slide.

So after you have your HARP account, you'll then need to request a QIP role.

You can check your existing access and submit new access requests by visiting the

global app link provided on this slide.

If you already have access to the patient registry in QIP, you will see them listed under 'My access', with links you can click on to access the application, as we have shown on this slide.

So on this next slide, we display what you will see under 'My access' if you only have access to the patient registry, but not QIP. So to request access to the QIP application, click on 'Request access', which is displayed directly under the 'Manage Access' tab.

Then once you've selected 'Request access', you must indicate the organization category.

You must make the selection that applies to your level of access.

So here we are showing what you would select if you were requesting facility level access.

And please note, that if you request access to an incorrect role, your request will likely be rejected and then this will delay your access to the QIP application.

So next, you will need to select the QIP application.

So here on the screen we are requesting a facility level role for the QIP application. Click the continue button when you are finished making your selections.

So now you need to search for your organization, so you may do this by entering your facility CCN or facility name and then select the desired role.

So let's take a moment to review the different roles available in the system. In order to help you determine which role you should select, we are showing the different QIP UI roles at the facility level and what tasks can be completed based on the role selected and access granted.

So if you are the facility point of contact or POC role, then you may view scores, view and submit inquiries and view and download reports in the QIP UI, including the PSR PLR and PSC.

Each facility must have at least one POC, and a POC can serve as a POC for multiple facilities.

Then we have the facility viewer role.

A facility may have multiple facility viewers and these individuals can view scores, view inquiries and download the PSR and PSC's, but they are not able to submit inquiries to CMS or download and view the patient list reports, which have sensitive patient information.

The QIP UI also has corporate level roles called the Corporate POC.

An organization may have one or multiple corporate POCs, and these users can view and access materials for all facilities owned by an organization, and individuals with this role can view scores, view and submit organization and facility specific inquiries to CMS, as well as view and download all reports.

You will see there is one additional report that is available at the corporate level, which is the performance score summary report or PSSR.

This report provides results for all facilities within the corporate POC's purview, and I'll get into details on each of these QIP reports shortly.

So once you have selected your organization and role, click the Add button and the system will then allow you to click 'submit request' button, which you see here on the bottom right hand side, and then that will submit the role request to your facility security official for approval.

Now we will cover how to use the QIP UI once your request for access to the QIP application is approved.

So first, click on the 'view access' link in the QIP application box as shown here.

And I'd like to pause for a moment and note that, if you select the QIP application, but you were previously signed in to the patient registry, you will first need to toggle to the QIP application in order to view your QIP reports and scores.

So here we show on the left what you will see in this situation.

Next to EQRS, you can see that it says 'patient registry'. So in order to switch to QIP, you need to click on the 9 dots in the upper left hand corner, which is highlighted in this red box, and after you click on this you will see a dropdown box with two options, patient registry or QIP, which we show here on the right hand side, select QIP to change over to the QIP application.

Next, under switch to QIP, you will be prompted to enter your facility CCN or name. So once you enter this information, select, 'go to QIP' in the box below, and again, this step is only necessary if you were previously logged in to the patient registry.

So once you are in the QIP application, the QIP user interface will appear and display the scores and feedback screen by default.

On this page, you will see the start and end dates of the preview period, which we note on this slide, are subject to change and as of today, the dates are July 15th through August 15th of 2024.

You also see a countdown of days and hours remaining in the preview period, which will update every time you log in to the QIP UI.

You can toggle to other screens as needed, which will include the preview period,

inquiry screen and view/download and report screen, and I'll cover those in a moment.

So first, let's cover what you can see in the scores and feedback screen.

All users with a QIP role can access the scores and feedback screen and this screen provides users with quick access to the synopsis of scores and summaries related to a facility or facilities within the user's purview.

Users can select or search for their facility to find details about their total performance score and then a summary of the QIP measures contributing to the facilities score.

Users with purview over multiple facilities can view scores and feedback data on this screen, for one facility at a time, and users can either select their facilities from a list, or by conducting a search.

So let's look now at the steps you'll need in order to access the scores and feedback screen.

For those of you who have access to multiple facilities, you will see that all the facilities within your purview are automatically displayed in the table of results. The system provides you with an option to set filters to assist you with reviewing scores. So to filter facilities, enter facility name, the CCN or dialysis organization, and then click apply filter.

If you wish to select a different filter, you will need to first click clear filter to remove all filters and prior search results.

As I mentioned, the scores and feedback screen displays a list of facilities and a facility level users purview.

In this example, the user only has access to one facility, however, if you have access to multiple, you will see all the CCNs displayed in a list and you may select which facility to view by clicking on the radio button next to the individual facility.

A search option will automatically display if you have access to 10 or more facilities. So after selecting your facility, scroll down to the run section to review the details to ensure that you have selected the correct report. During the preview period, you will see the preview run under run type, and then in this last column, the run date is listed.

You will want to select the most recent run to view any changes that may have been applied to your facility scores.

So next, scroll down to the 'score details' section for an overview of your preview results.

In this section, you will find your facility's total performance score, the payment reduction percentage, and additional facility details such as the Network, State, Certification Date of the facility, and then, services provided by the facility, as are reported in EQRS.

So when you scroll down to the 'Measure Summary' section in the scores and feedback screen, you will find a summary of the measure scores.

So payment year 2025 has 14 measures or measure topics, that contribute to the facilities total performance score, and all of these measures are displayed in the summary table along with their scores.

So next I'd like to show how corporate POCs will use this screen.

The corporate POCs view the same summary overview as a facility POC, but the only difference is the filter facility section is automatically expanded and will require an entry in order to display facilities for the user.

So here we show an example of filtering all facilities in Network 7.

So once you apply the filter, the table below will display the facilities based on the filter criteria you have entered.

So to recap, the scores and feedback screen in the QIP UI provides a summary of the facilities total performance score and then the individual measures that contribute to the total performance score. To access this screen, you first need to log in to EQRS, click view access under the QIP application, and then select your facility.

All users with a QIP user role can access this screen.

So next I'll cover the important step of assessing the contents in your report.

The view and download screen allows you to view and download the patient list report, or performance score report or PSR, performance score summary report or PSSR, and the Performance Score Certificate or PSC.

Please note that the PSC is not available during the preview period, but will be available during the final period which is released towards the end of this year.

All users with a QIP role can access the view download reports screen.

But as I mentioned earlier, these reports are viewable based on the EQRS user role and availability.

If you have the appropriate role but do not have access to your facilities reports in the QIP UI, please contact the CCSQ service center and we will display this contact information for the service center at the end of this presentation.

So next let's look at what information is provided in each of the available reports.

The PSR provides several details, including but not limited to, your facilities

information, the achievement and improvement rates and scores, the total performance score and payment reductions, and I'd like to pause for a moment, just to clarify what I mean by achievement and improvement periods, as we have received questions about this in the past. for QIP, the achievement period refers to the performance year or performance period, which for this payment year is calendar year 2023 and also for this payment year, the improvement period is the year prior to the performance period which is calendar year 2022.

I encourage you to review the guide to the PSR and will provide the link later in this presentation, for more information about what is displayed in your PSR.

Next, we have the patient list report, or PLR, which lists all patients whose data are used to calculate a facilities measure rates and scores.

More specifically, this report includes information on whether the patient or patient month was used in the numerator calculation, and whether the data were used in the improvement or achievement period calculations.

Then we have the PSSR available only to corporate level users, and this report includes much of the information displayed in the PSR.

This report provides facility measure rates and achievement scores and improvement scores for each clinical measure, as well as the total performance score, payment reduction and more.

And then finally, we have the PSC, which displays the facilities total performance score. Facilities are required to post the PSC in a prominent location within 15 business days of the PSC's release.

But, please remember, the PSC is not released until the final period, which is typically in late fall.

Now let's look at how to view and download reports as a facility point of contact or POC. After you've logged into EQRS and navigated to the QIP application, and once the screen refreshes and displays the QIP user interface, click on view/download reports.

From this screen you may enter your CCN or facility name and then select either the PSR or PLR and apply filter.

Please note that if your facility was eligible in earlier payment years, you may also select an earlier payment year to download the prior years' reports.

However, the system will default to the current payment year and period.

For those of you with access to multiple facilities and the QIP UI, you may want to use the search option.

So when using the search option, enter your facility information, select 'payment year', and the name of the report you would like to generate, then click 'apply filter'. Next, you'll need to navigate to the 'select available reports' section.

Under this section you will see the list of available reports for the payment year in the period that you had selected.

So in order to download the report, click on the hyperlink and if you wish to download multiple reports, you will need to repeat this process for each report.

So once you click on the report, the downloaded report will display at the top of your Internet browser.

So here we show an example of what you will see when you download a PSR.

You can click on the report to open it or save the file, and for optimal performance, we recommend using Google Chrome to view or download reports. Again, if you're unable to download your report, please contact the CCSQ Service Center regarding this technical issue.

And as I said, we will provide that information later in this presentation.

So after downloading your report, closely review it for accuracy and to understand the measures that are contributing to your facility's total performance score.

Here we are showing the first page of a sample PSR.

And Please note, all data in this report, as well as any other reports in this presentation, display fake data.

So I'd like to highlight the 'NA' footnote at the bottom of this page. NA, in the PSR, indicates that a valuable is not applicable to the measure in the measure topic score calculation.

I'd also like to stress that if you see NA or 'no score' in your PSR, this does not count against your facility.

Your total performance score is only based on the measures that your facility is eligible for.

So corporate POCs will follow similar steps as a facility POCs when viewing scores and downloading reports.

So if you are a corporate POC, the 'select your facility and payment year' section is automatically expanded in the QIP UI, which then requires you to use the search option for individual facilities.

Corporate level users have the option to conduct a single facility search or conduct an organizational level search, selecting an organizational level search will display results for multiple facilities.

So here you'll see two search options for corporate POCs. On the image to the left, shows a single facility search. Here, you'll enter your name and the payment year to do the search.   And then the image on the right, shows a corporate POC performing an organizational level search.

Corporate POCs can check the box that says, this is an 'organizational-level' search at the top of the screen.

Once this check box is selected, additional fields will appear, including search fields for Network and State.

To recap, the view/download reports screen can be accessed by all users that have a QIP role, but reports are displayed based on the user's role and availability.

To access reports, go ahead and log in EQRS, navigate to the QIP application and click the 'view/downloads' report link on the left side of the screen.

Next, select your facility and the desired report to initiate the download process.

Now let's cover how to submit inquiries and the process following an inquiry submission.

In order to submit a question regarding your EQRS QIP scores and reports, you must access the preview period inquiry screen and the QIP UI.

To do so, click on the preview period inquiries tab, just below the scores and feedback tab.

Inquiries can only be submitted by a facility and corporate POC's, but once you have submitted an inquiry, facility viewers can view submitted inquiries.

Corporate level users can view inquiries submitted for all facilities within their organization.

We also have network level users and they can view inquiries for all facilities within their network service area. And one of the nice features of the preview period inquiry section, is the option to draft and save inquiries.

This feature allows you to start an inquiry, but if you need to gather more information or you just don't have time to complete your inquiry and submit it, you can save what you have entered as a draft and then go back later and complete your inquiry.

POCs can use this feature, but please be aware that the information entered in the saved inquiry, is only viewable by the person who saved that information.

CMS can only view your inquiries after they have been submitted, and as a POC, you can submit and reply to as many inquiries as necessary.

The system will send you an email notification once an inquiry has been updated, but

as a best practice, we encourage you to log into the QIP UI and check on the status of a submitted inquiry until that inquiry is closed.

So, the screen you will see when you go to draft an inquiry, is an interface that includes a 'from' field, which is automatically populated from the email address associated with the users account.

There's also a 'CC' field to allow the user to inform another person of the inquiry, and you'll see a 'subject line', a 'message' section, and a 'file attachment' option.

Additionally, the system will allow you to reply to an existing inquiry if you need to reply to a question from CMS or if you have a follow up question regarding the response you received from CMS, or you simply want to add more information to your initial inquiry.

But please note, the ability to submit new inquiries will be disabled once the preview period ends. And again, we encourage you to log in early and often during the preview period to submit and reply to your inquiries.

We recommend that you submit inquiries as soon as possible to CMS, to allow time to investigate, respond and finalizes scores, and when submitting inquiries, please include as much information as possible, including the CCN's of the facilities pertaining to your inquiry.

Additionally, please include evidence of the issue that you are reporting. And the system allows you to include attachments to further support your inquiry.

So we encourage you to use that if you have information you would like to provide.

When you are referencing a patient, please use the patient ID that is provided in the PLR rather than the patients name or MBI.

And then, if you have questions regarding submitting data to the NHSN or National Healthcare Safety Network System, please refer them to the NHSN Help Desk, and we have provided their contact information on this slide.

So now let's cover how to submit an inquiry in the UI.

Once you have followed the steps to log in to the QIP application, click the preview period inquiries link on the left hand side of the screen.

Click on the 'create new inquiry' box shown here to begin the process of submitting your inquiry.

Then the message portion of the QIP UI displays like an email-like form. When you would like to submit an inquiry, select the facility for which you are submitting the inquiry, review the 'from' field to ensure the correct email address is populated. Remember, this is a prepopulated field and cannot be changed.

So if the email information is incorrect, please contact the CCSQ helpdesk.

The CC field is optional and the subject line is not mandatory, but it is recommended.

The message field is required and can accept up to 25,000 characters in the message body.

When creating an inquiry, as I mentioned, you can upload an attachment and the accepted files are listed in the UI and the system can accept up to 10 megabytes per message.

If you're not ready to submit, as I mentioned earlier, you can save a draft of the inquiry, for a saved inquiry, follow the same steps to create an inquiry.

However, instead of clicking the send button, you'll click 'Save as Draft'.

You can then return and submit your inquiry when you are ready.

So after typing your message and uploading any needed attachments, click the 'Send Inquiry' button at the bottom of the screen.

So once a reply is sent, the system refreshes and displays a message that it was sent successfully.

So Please remember to continually monitor the status of a submitted inquiry until that inquiry is closed.

Here in the screen, we are showing a fake example of an inquiry that was sent and had multiple responses from CMS and the facility.

The messages are sorted in the order sent, with the most recent at the top.

You may click on the down arrow to review these messages.

The system allows you to filter inquiries and provide several filtering options.

You may filter by the Inquiry ID number, Subject Status or apply date range.

Here we show a few examples of these options.

On the left, we show how you can enter a start and end date that the inquiry was submitted or updated.

This example search will give all inquiries submitted or updated from July 15th through July 31st. On the right hand side, we filter by inquiry status.

This is requesting the system to provide the user with all inquiries that have been submitted by the facility with the status of 'Waiting on Facility'.

So let's talk a little bit more about the inquiry status filter option, which many of you may find very helpful.

So we have four different options for filtering by inquiry status.

You may select 'Draft' to see any inquiries that you have saved but not submitted.

If you select 'Waiting on CMS', the system will filter on all inquiries that you have

submitted or sent a follow up response and are now waiting for CMS to either respond or close the ticket.

If you select waiting on facility, this indicates that CMS has responded, and is either waiting to see if you have any follow up questions or CMS has requested more information from the facility.

Generally, in this scenario, CMS will wait up to one week before closing out the ticket.

Finally, you may filter on all tickets that have been closed by CMS, while you will receive email notifications when your tickets have been updated by CMS,

as I mentioned before, it is good practice to check the UI frequently, particularly for those tickets with status of 'Waiting on Facility', to ensure CMS is not requesting more information regarding your inquiry.

So once you have reapplied your filter, you will see a table of the filtered results. As shown in the screenshot here, you will see a system generated inquiry ID in the first column.

This inquiry list includes the facility name and CCN, the subject line, the date created, and the status of the inquiry.

You may sort by any of these columns by clicking on the arrows in the column header.

For Corporate level users, the steps to access inquiries are the same as all of their users and also the 'Filter Inquiries' section is automatically expanded.

So this screenshot here shows the subtle differences in the previously submitted inquiry section, when comparing facility level POC and Corporate POC's.

The information displayed in this section are the same, except that two of the columns have different headers.

Corporate level users will have a facility organization column and the CCN column will also include the organization code.

If you are a Corporate POC, and would like to submit an inquiry on behalf of your organization or facility within your purview, you follow the same process as a facility POC and then click on 'Create new inquiry'. As a corporate user, you have the ability to indicate if you are submitting a facility level inquiry or an organizational level inquiry.

If you're submitting an inquiry for facility, do not use, 'This is an organizational-level inquiry' checkbox.

Instead, use the facility selection search option to find your facility.

You will then follow the same steps as a facility POC does, to indicate who the

message is from, the subject, the message itself, and then include any necessary attachments.

If you are a Corporate PC and you believe that the inquiry will affect your entire organization or a set of facilities in your organization, please select, 'This is an organizational-level inquiry'.

Once this box is checked, the facility selection option will disappear and then you may proceed to submit your organization, as opposed to a specific facility. For Corporate POC users, the steps to save, as well as attach files, are the same as what we covered in the facility POC section.

Additionally, the steps to search for and reply to inquiries are the same as those for facility POC's.

The only difference is that a corporate POC can select facility level inquiries and organizational level inquiries which uses the organization name instead of the facility name.

So to summarize, the preview period inquiry process, POC's may submit and reply to as many inquiries as necessary during the preview period. To submit an inquiry, log in to EQRS, select the QIP application and navigate to the preview period inquiry screen, and then click 'create new inquiry'.

You must have a role of Facility POC or Corporate POC to submit inquiries, and once you have submitted the inquiries they are viewable in the UI.

And here we have, as I mentioned, here is the information for contacting CCSQ, If you have any issues accessing your reports.

OK, in this next section, I will cover all of the key follow up activities and responsibilities related to the preview period.

So following the close of the preview period, CMS will review any outstanding inquiries.

The final PSR and PSC's are scheduled to be available in late 2024, after all scores are finalized. Facility performance scores will also be made publicly available on the CMS Care Compare website.

So once PSC's are made available, facilities must download, print and post the English and Spanish versions in a prominent location of the facility.

The certificates must be posted within the first 15 business days of its availability and remain posted throughout the duration of 2025.

CMS encourages facility staff to review the certificate and the facilities performance in order to ensure they can answer any questions that patients may have.

So now I will recap some of the key responsibilities and activities to ensure a smooth preview period.

As a reminder, the payment year 2025 preview period began yesterday, July 15th, 2024 and CMS encourages facility POC's to establish HARP accounts if necessary and update your EQRS role to access the QIP user interface.

As a reminder, all preview period inquiries must be submitted before the end of the preview period, which is scheduled to end August 15th at 11:59 PM Pacific Time, or if you're on the East Coast, that would be August 16th at 2:59 AM Eastern Time.

n late 2024n late 2024, facilities must download, print and post the PSCs within 15 days

Lastly, we recommend you educate your staff about the ESRD QIP,

Moving on, I'd

First, we'll

RS

And, on this next slide, we're displaying the clinical data submission deadlines in

So we just closed out the April clinical month on July 1st and the next deadline is for the May 2024 clinical month,

Then next, for the clinical depression screening, we are currently collecting data for the 2024 assessment period, and this is an annual measure, and

The ICH CAHPS Attestation for the 2024 performance period are also due by March 3rd 2025

And please ensure you submit your attestation if you are not eligible for the measure and do not wish to receive a score on the QIP

And finally, we have the Facility Commitment to Health Equity Attestation measure, and this is an annual measure as well, and data must be submitted by March 3rd, 2025

So in this next slide, we just show some locations of

So next, let's review the NHSN reporting d

We indicate the ESRD data are collected in NHSN quarterly, so we just completed the first quarter of the data collection for 2024

n July 1st. You may currently submit your quarter two data in N

And please ensure you meet all quarterly deadlines, as the QIP cannot accept any data reported after these deadline

So information on NHSN submission deadlines are available on mycrownweb.org,

and we have a link here

 this slide. You may also reach out to the NHSN Help Desk if you're having trouble submitting data,

So before we start our Q & A portion of the presentation, I'd

So yeah, we encourage you, please, if you have questions, please submit them i

And we'll

So in addition to the guides that I've mentioned previously, we have several other resources available to you and on this slide, we,

We have a payment year 2025 guide to the ESRD QIP performance score. And we also have a QIP user interface

Quick Start Guide, so if you don't remember how to log in to a specific part of the UI, or you don't remember how to submit an inquiry, you can just go to this Quick Start Guide and it's

And then, some other ways to submit

We've got our QualityNet Q&A tool and the link is there if you have questions that are general QIP questions or issues submitting EQRS data or questions about any new features coming up, we encourage you to use the QualityNet Q&A tool

You can also call the service center or email Q support. A

OK

nd then finally, some upcoming events we have... today was our preview period webinar

The end of this month, on July 30th, we'll be hosting an EQRS monthly stakeholder meeting, so be on the lookout

Then we will be holding the proposed rule webinar in mid-August, and again, another monthly stakeholder meeting in August and September, as well as an EQRS quarterly townhall meeting,

And just as a reminder, these slides, as well as slides from prior events, will be available on mycrown

We will be working quickly to get these preview period slides posted, so I would say,

check in,

SH Oops.

AK **Alissa Kapke** 57:21

All right.

With that, I'll pass it over to Steve, to see if there's any questions that came in, that we want to talk about now.

SH **Steve Hines** 57:31

Yes, so thank you very much, and if you have put questions in the chat box, or in the Q&A box, by all means, put those in there.

Alissa and Nan, if you have seen any questions in there that you'd like to respond to.

I think one of the questions that we got several variants of from people as they registered, was whether or not their reports include the patient lists.

So, could you just reaffirm what the answer to that question is?

AK **Alissa Kapke** 58:13

So, patient list reports are available in the QIP UI.

You may access them, but you must be a Facility POC or a Corporate POC.

So if there's any issues with accessing those reports, please reach out to the CCSQ service now, and we can address those.

SH **Steve Hines** 58:37

Alright.

Are there other questions that you'd like to submit?

And if you're still thinking, by all means, you can use the other options for getting questions answered through the online mailboxes.

AK **Alissa Kapke** 58:51

I'm seeing one question here, it doesn't look like it was answered, about the NHSN receiving a no score with no rates.

I would encourage you to submit that in the QIP UI as an inquiry, so we can investigate.

Looks like you're seeing patients on the PLR, and so you're wondering, you know, why there was no score.

So please, please submit that and we will follow up.

And if you can provide if you have one, CCN or multiple, provide those as well.

SH **Steve Hines** 59:25

Alright.

And then, one of my colleagues is posting in the chat, a link that we really welcome your input on today's event.

So if you could just take... it'll probably take you 2 minutes or less to just answer a few questions about the event.

We want these to be as useful to you as possible, and your feedback is a way for us to know what's going well and what we can do better in the future.

So, if you can click on the link and respond to that, that would be very helpful.

And, aside from that, we're finishing a bit early.

So you'll have a good half an hour to spend on filling out your questions.

AK **Alissa Kapke** 1:00:09

Steve, I'm seeing more questions.

I'm happy to go through some of these questions.

SH **Steve Hines** 1:00:14

Ohh sure.

Yeah, go ahead.

AK **Alissa Kapke** 1:00:17

Yeah, so, I see a question about... how are the improvement in performance rates calculated and, it depends on the measure, and it's a little more complicated.

But what I'm thinking is, it might be nice to maybe have one of our monthly stakeholder meetings, go into depth, and maybe pick a few measures and just walk through the steps so that we can give the time needed to really explain the steps for this.

So, we will take that back and see what we can come up with, because I don't think that's a quick answer I can here.

But if you have a specific question about what you're seeing on your PSR, please submit it in the QIP U... in the preview period, as an inquiry and we're happy to respond. I'm also seeing one...

What does improvement and performance mean when looking at the score report with patient list?

So, I talked a little bit about what is an improvement and achievement period, and the patient list report does break out, each row will indicate whether it's the achievement or improvement period, and what that means is, the achievement period would be the year 2023 and improvement would be 2022.

So, one of the nice features of the PLR too is, you can filter on the period, and so you can just see, OK, who was in the achievement period and who was only in the improvement period.

So, it's an Excel feature that comes in handy, so hopefully that answers your questions, but if not, please again, feel free to submit it in inquiry in the preview period QIP UI.

Steve Hines 1:02:12
All right.
Any last questions before we wrap up this afternoon?

Alissa Kapke 1:02:19
I see... we answered the NA, and we touched on that a little bit, but yeah, NA means your facility is not eligible to receive a score, we do get that question a lot... and you know, if you're not scored on a measure, what happens is, that measures weight is reallocated to the other weights that are eligible, either in the domain or if there aren't any other measures in that domain, they're equally reallocated to measures in the other domain.

So it's not a bad thing to have no score, it just means you didn't have enough eligible patients.

And I'll stop interrupting you Steve, I think that that's it for now, but again, you know, if there's other questions, general questions about QIP, I would encourage you to use the CCSQ service now feature.

But if you have questions about your report or a QIP measure, you can submit your question in the... as part of the preview period increase.

Steve Hines 1:03:24
All right.
Thank you very much.

And as a reminder, please fill out that post-event evaluation, so we can get some feedback on today's event, and thank you very much for your attendance this afternoon.

Great attendance, great questions, and we look forward to talking to you again very soon.

Thanks and have a great afternoon.