Streaming Audio

• Audio for this event is available via INTERNET STREAMING - No telephone line is required.

• Computer speakers or headphones are necessary to listen to streaming audio.

• NOTE: A limited number of phone lines are available if you are experiencing poor audio quality – send us a chat message!

Note: Computer speakers or headphones are necessary to listen to streaming audio.
Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

- Click **Pause** button
- Wait 5 seconds
- Click **Play** button

**Note:** Computer speakers or headphones are necessary to listen to streaming audio.
Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.

**Note:** Computer speakers or headphones are necessary to listen to streaming audio.
Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.

Note: Some questions may require additional research. Unanswered questions may be submitted to CRAFT@projectcrownweb.org.
Today’s Hosts

Janis Grady, RHIT, CPHQ

Contract Officer’s Representative (COR)

CROWNWeb Outreach, Communication, and Training (OCT) Contract

Centers for Medicare & Medicaid Services,
Division of Quality Measurement (DQM)

Oniel Delva, BA, CTT+

Communications Manager

CROWNWeb Outreach, Communication, and Training (OCT) Contract

Note: Computer speakers or headphones are necessary to listen to streaming audio.
Darren Childers, PMP

Program Manager – Allegheny Science and Technology (AST)

Darren Childers is the program manager for End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Data Validation and Reliability contract. In his role, Mr. Childers is responsible for the effort to assess the validity and reliability of data reported by dialysis facilities via CROWNWeb and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) system.

Tamyra Garcia, MPH

ESRD QIP Program Lead and Policy Lead – Centers for Medicare & Medicaid Services (CMS)

Tamyra Garcia serves as the Program and Policy lead for the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP seeks to promote high-quality services in outpatient dialysis facilities treating patients with ESRD. Ms. Garcia worked as an Epidemiologist at the Centers for Disease Control and Prevention for over 6 years. She is a results-oriented professional with over 14 consecutive years of experience working in the public health sector. She earned her MPH in Epidemiology from Columbia University, Mailman School of Public Health.
2015 CROWNWeb and NHSN Data Validation

With Allegheny Science and Technology (AST)
CROWNWeb Validation Approach

• AST will randomly select **300 facilities** to submit records for CROWNWeb data validation.
  - Participating facilities will be contacted and asked to submit source documentation from each patient’s medical records
  - AST will request records for a maximum of 10 patients
  - AST’s medical record reviewers will review the records for the data elements AST is validating

• Request letters will be distributed in January 2016.
• A change has been made to the NHSN validation methodology based upon new direction from CMS.

• Nine (9) facilities will be randomly sampled.
  ▪ They will not be part of the CROWNWeb data analysis

• Facilities will submit a list of all positive blood cultures from 2015.

• Team AST will request corresponding medical records.

• Validation will be performed against NHSN data.

• Requests will be sent in late December 2015/early January 2016.
Rochelle Chalmers, Project Coordinator
rchalmers@alleghenyst.com
Collect data from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

Release estimated scores and payment reduction in a Preview Performance Score Report (PSR) to facilities

Conduct 30-day Preview Period for facility review of calculations and inquiries

Adjust scores where required; submit payment reductions to Center for Medicare (CM)

Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)
**PY 2016 Reporting Documents**

- **Final Performance Score Report (PSR)**
  - For facility use in understanding the calculations for scoring each measure and the basis for its Total Performance Score (TPS) and any payment reductions

- **Performance Score Certificate (PSC)**
  - For facility’s patients to understand the facility’s performance and how it compares to national averages
  - Provided in English and Spanish; both versions must be posted in a prominent patient area
  - CMS recommends that facilities educate staff on the performance scores so that they can answer patient questions

- **Performance Score Summary Report (PSSR)**
  - Spreadsheet detailing every facility’s performance rates and scores on each measure
  - Included on Dialysis Facility Compare database in January, then posted on the ESRD QIP section of CMS.gov
The release date for PY 2016 reporting documents (Final PSRs and PSCs) is projected to be **December 30, 2015**

Facilities are required to post their PSCs in a prominent patient area within 15 business days of their release

- If the documents are released on December 30, 2015, then PSCs must be posted on or before January 22, 2016

For step-by-step instructions for logging onto the site and downloading reports, please review the PY 2016 Preview Period National Provider Call (held 7/9/2015), available as a slide deck, transcript, and audio recording on the Educational Resources page of the ESRD QIP section of CMS.gov
1. Access www.qualitynet.org and click Login

2. Click “End-Stage Renal Disease Quality Incentive Program”

3. Use QualityNet Identity Management System (QIMS) ID and password to log in; complete two-factor authentication

4. Click “I Accept” for privacy disclaimer

5. Select “My Reports” from the top-navigation menu, and select “Run Reports”
6. Select “ESRD QIP” in the Report Program drop-down menu and “Scores/PSR and PSC” in the Report Category drop-down menu, then click “View Reports”

7. Select the desired report in the Report Name list

8. Choose applicable “Report Parameters” from the drop-down menus, then click “Run Report”


10. On the resulting “Search Reports” screen, click the “Download” icon

11. In the popup dialog box, select either “Open” or “Save”
Acquiring Section 508-Compliant Final PSRs

• Documents that comply with Section 508 are compatible with reading-assistive software

• Facilities and Networks may request 508-compliant versions of Final PSRs from the QualityNet helpdesk

• Goal is to fulfill these requests within 48 hours

• Note that the PSC is not compatible with reading-assistive software; this reporting document is intended to be presented to patients exclusively in hard copy
Section 504 requires CMS to provide alternate versions of documents to meet specific assistive needs, including:

- Braille
- Large-print documentation
- Electronic
- Audio file

The public may request CMS to provide published documents in a format that meets their needs.

Requests fulfilled on an as-needed basis.

Place requests via ESRDQIP@cms.hhs.gov
CROWNWeb and the ESRD QIP

With CROWNWeb Outreach, Communication, and Training (OCT)
CROWNWeb Facility Attestation
• Each year, the *Facility Attestation* screen in CROWNWeb is updated to support ESRD QIP requirements.

• For PY 2017, the *Facility Attestation* screen was updated to:
  - Allow users to attest that their facilities are not eligible for the ESRD QIP Reporting Measures because they did not treat a sufficient number of eligible patients
  - Remove the need for users to complete Anemia Management and Mineral Metabolism attestation reporting

• Users should closely review the technical specifications for each Reporting Measure before logging in to CROWNWeb.

• Facility Attestations must be completed in CROWNWeb between January 1, 2016 – January 31, 2016.
ICCH CAHPS Attestation

• Facilities that are **NOT** eligible for the ICH CAHPS Reporting measure because they did not treat a sufficient number of eligible patients, must attest to this fact in CROWNWeb.

• Facilities that do not attest that they are ineligible will be considered eligible and will receive a score on the measure.

• Facilities that **ARE** eligible for the ICH CAHPS Reporting Measure would leave CROWNWeb fields blank.

Clinical Depression Screening and Pain Assessment
Facilities must use the *Clinical* screen in CROWNWeb to report one of the six conditions below for each qualifying patient once before February 1, 2017:

### Clinical Depression Screening and Follow-Up Reporting Options

In order to comply with the requirements of the PY 2018 QIP, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once between 1/1/2016 and 1/31/2017. This information is:

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the clinical depression screening and (when necessary) the follow-up plan documented for the selected patient.

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Entering Depression Screening Details

- New ESRD QIP Clinical Depression Screening and Follow-Up reporting measure was finalized for PY 2018 (performance period begins Jan. 1, 2016)

- Facilities must report one of the following conditions for each eligible patient before February 1, 2017:
  1. Screening for clinical depression is documented as being “positive,” and a follow-up plan is documented
  2. Screening for clinical depression documented as “positive,” and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
  3. Screening for clinical depression documented as “positive,” the facility possesses no documentation of a follow-up plan, and no reason is given
  4. Screening for clinical depression is documented as “negative,” and a follow-up plan is not required
  5. Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
  6. Clinical depression screening not documented, and no reason is given

**NOTE:** The Kidney Disease Quality of Life (KDQOL) survey does not count as a “depression screening tool” for purposes of this reporting measure
Clinical Depression Screening = **YES**

Based on the scoring and interpretation of the specific Standardized tool used, and at the discretion of the treating provider. Rationale for reaching a particular conclusion is documented in the medical record.

**Condition 1**
- Screening for clinical depression is documented as being positive, and a follow-up plan is documented

**Condition 2**
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible

**Condition 3**
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given

**Condition 4**
- Screening for clinical depression is documented as negative, and a follow-up plan is not required

A patient is not eligible to undergo treatment or therapy for depression when such treatments are medically contraindicated. Reason for ineligibility is documented in the medical record.
Depression Screening conducted and Documented using a standardized screening tool

Documentation that patient is not eligible for Depression Screening

No reason is given

Condition 5
Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible

Condition 6
Clinical depression screening not documented, and no reason is given
For the PY 2018 reporting measure, facilities are not required to conduct depression screening; they simply have to indicate whether they screen by making a separate entry on CROWNWeb for each eligible patient.

Facilities will not provide the patient-specific results of any screening.

Even if facility does not perform (or document) its screening, it can get full points for the measure so long as it indicates that in CROWNWeb for each patient by the deadline (Option 5 or 6).

If the facility does screen patients, then it should indicate the outcome of each screening on CROWNWeb (Options 1 – 4).

If the facility only uses KDQOL, then it should indicate on CROWNWeb that “clinical screening for depression not documented” (Option 6).
Facilities must use the *Clinical* screen in CROWNWeb to report one of the six conditions below for each qualifying patient once before August 1, 2016 and once before February 1, 2017:

**PY 2018: Pain Assessment**

- Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- Pain assessment documented as positive, a follow-up plan is not documented and the facility possesses documentation that the patient is not eligible
- Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented and no reason is given
- Pain assessment using a standardized tool is documented as negative and no follow-up plan required
- No documentation of pain assessment and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool
- No documentation of pain assessment and no reason is given

ESRD QIP Online Resources


• QualityNet: [www.qualitynet.org](http://www.qualitynet.org)

• ESRD National Coordinating Center (NCC): [www.esrdncc.org](http://www.esrdncc.org)

• Dialysis Facility Compare: [www.medicare.gov/dialysisfacilitycompare](http://www.medicare.gov/dialysisfacilitycompare)

Clinical Depression Screening Poll
CROWNWeb 4.9 – Things to Come

With CROWNWeb Outreach, Communication, and Training (OCT)
CROWNWeb 4.9 Updates to Come

- CROWNWeb Version 4.9 will include four major enhancements and an infrastructure maintenance upgrade.
- CROWNWeb areas to be impacted:
  - Vaccination
  - Quality Measures Collection Tool
  - Internet Explorer (IE)11 Certification

What’s New: CROWNWeb Reporting and Attestations Training:

Final Comments and Wrap Up
Questions
Our Next Session

CMS Community WebEx:

Topic:
TBD

Date: January 28, 2016
Time: 2pm-3pm ET
Thank You

For Further Information...


QualityNet Help Desk: 1-866-288-8912

Website: [http://www.mycrownweb.org](http://www.mycrownweb.org)