Raking in the Reporting: ESRD QIP
Extraordinary Circumstances and CROWNWeb

With CROWNWeb Outreach, Communication, and Training (OCT)

October 26, 2017– 2pm to 3pm EDT
Type questions in the “Q&A” section, located in the top right corner of your screen. Send all Q&A questions to “All Panelists”

Note: Some questions may require additional research. Unanswered questions may be submitted to CRAFT@MyCROWNWeb.org.
Janis Grady, RHIT, CPHQ

Contract Officer’s Representative (COR)
CROWNWeb Outreach, Communication, and Training (OCT)
Centers for Medicare & Medicaid Services,
Division of Quality Measurement (DQM)
Today’s Presenters

Oniel Delva, BA, CTT+
Communications Manager

Michael Seckman, CTT+
Training Manager
Latest News and Reminders
<table>
<thead>
<tr>
<th>Clinical Month(s)</th>
<th>Date of Closure for Clinical Submissions</th>
<th>Clinical closures apply to all Collection Types.</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2017</td>
<td>October 31, 2017 at 11:59 p.m. ET</td>
<td>Clinical data submission applies to all submission methods.</td>
</tr>
<tr>
<td>September 2017</td>
<td>November 30, 2017 at 11:59 p.m. ET</td>
<td></td>
</tr>
<tr>
<td>October 2017</td>
<td>December 31, 2017 at 11:59 p.m. ET</td>
<td></td>
</tr>
</tbody>
</table>

**Please Note the Clinical Due dates above do not apply to facilities located in FEMA designated disaster areas.**

**
# Updated FEMA Designated Disaster Areas - Texas

<table>
<thead>
<tr>
<th>Texas</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aransas</td>
<td>Gonzales</td>
<td>Nueces</td>
</tr>
<tr>
<td>Austin</td>
<td>Grimes</td>
<td>Orange</td>
</tr>
<tr>
<td>Bastrop</td>
<td>Hardin</td>
<td>Polk</td>
</tr>
<tr>
<td>Bee</td>
<td>Harris</td>
<td>Refugio</td>
</tr>
<tr>
<td>Bexar</td>
<td>Jackson</td>
<td>Sabine</td>
</tr>
<tr>
<td>Brazoria</td>
<td>Jasper</td>
<td>San Jacinto</td>
</tr>
<tr>
<td>Calhoun</td>
<td>Jefferson</td>
<td>San Patricio</td>
</tr>
<tr>
<td>Chambers</td>
<td>Karnes</td>
<td>Tarrant</td>
</tr>
<tr>
<td>Colorado</td>
<td>Kleberg</td>
<td>Travis</td>
</tr>
<tr>
<td>Dallas</td>
<td>Lavaca</td>
<td>Tyler</td>
</tr>
<tr>
<td>DeWitt</td>
<td>Lee</td>
<td>Victoria</td>
</tr>
<tr>
<td>Fayette</td>
<td>Liberty</td>
<td>Walker</td>
</tr>
<tr>
<td>Fort Bend</td>
<td>Matagorda</td>
<td>Waller</td>
</tr>
<tr>
<td>Galveston</td>
<td>Montgomery</td>
<td>Wharton</td>
</tr>
<tr>
<td>Goliad</td>
<td>Newton</td>
<td></td>
</tr>
</tbody>
</table>

**Hurricane Harvey - As Of: 10/19/17**

For More Information Please visit: www.fema.gov/disasters
# Updated FEMA Designated Disaster Areas

**Louisiana**

<table>
<thead>
<tr>
<th>Parish</th>
<th>Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acadia</td>
<td>Lafourche</td>
</tr>
<tr>
<td>Allen</td>
<td>Natchitoches</td>
</tr>
<tr>
<td>Assumption</td>
<td>Plaquemines</td>
</tr>
<tr>
<td>Beauregard</td>
<td>Rapides</td>
</tr>
<tr>
<td>Calcasieu</td>
<td>Red River</td>
</tr>
<tr>
<td>Cameron</td>
<td>Sabine</td>
</tr>
<tr>
<td>De Soto</td>
<td>St. Charles</td>
</tr>
<tr>
<td>Iberia</td>
<td>St. Mary</td>
</tr>
<tr>
<td>Jefferson Davis</td>
<td>Vermilion</td>
</tr>
<tr>
<td>Lafayette</td>
<td>Vernon</td>
</tr>
</tbody>
</table>

**Hurricane Harvey As Of: 10/16/17**

For More Information Please visit: [www.fema.gov/disasters](http://www.fema.gov/disasters)
## Updated FEMA Designated Disaster Areas

**Hurricane Irma**

<table>
<thead>
<tr>
<th>Florida</th>
<th>Georgia</th>
<th>Puerto Rico Municipios</th>
<th>U.S. Virgin Islands</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 67 counties in Florida are within the FEMA designated areas.</td>
<td>All 159 counties in Georgia are within the FEMA designated areas.</td>
<td>Adjuntas</td>
<td>Juncos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agua Buena</td>
<td>Las Piedras</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Barranquitas</td>
<td>Loiza</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Camuy</td>
<td>Luquillo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canovanas</td>
<td>Orocovis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carolina</td>
<td>Patillas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Catano</td>
<td>Quebradillas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ciales</td>
<td>San Juan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Culebra</td>
<td>Utuado</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guayanabo</td>
<td>Vega Beja</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jayuya</td>
<td>Vieques</td>
</tr>
<tr>
<td></td>
<td></td>
<td>St. Croix (Island) (County-equivalent)</td>
<td>St. Croix (Island) (County-equivalent)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>St. Thomas (Island) (County-equivalent)</td>
<td>Statewide</td>
</tr>
</tbody>
</table>

As Of: 10/24/17
### Updated FEMA Designated Disaster Areas
#### South Carolina

<table>
<thead>
<tr>
<th>Allendale</th>
<th>Dorchester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
<td>Edgefield</td>
</tr>
<tr>
<td>Bamberg</td>
<td>Georgetown</td>
</tr>
<tr>
<td>Barnwell</td>
<td>Hampton</td>
</tr>
<tr>
<td>Beaufort</td>
<td>Jasper</td>
</tr>
<tr>
<td>Berkeley</td>
<td>McCormick</td>
</tr>
<tr>
<td>Charleston</td>
<td>Oconee</td>
</tr>
<tr>
<td>Colleton</td>
<td>Pickens</td>
</tr>
</tbody>
</table>

---

**Hurricane Irma As Of: 10/24/17**

For More Information Please visit: www.fema.gov/disasters
Due to the devastating impact of the California fires, providers that closed will be granted exceptions from the ESRD QIP without having to submit an extraordinary circumstance exception request if they are located in one of the California counties listed below, all of which have been designated by the Federal Emergency Management Agency (FEMA) as a major disaster county.

Additionally, 60-day extensions for CROWNWeb clinical reporting will be granted to the same list of California counties impacted by the wildfires.

<table>
<thead>
<tr>
<th>CLINICAL MONTH</th>
<th>CLINICAL CLOSURE REPORTING PERIOD</th>
<th>EXTENSION TO REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2017</td>
<td>October 31, 2017</td>
<td>December 31, 2017</td>
</tr>
<tr>
<td>September 2017</td>
<td>November 30, 2017</td>
<td>January 31, 2018</td>
</tr>
<tr>
<td>October 2017</td>
<td>December 31, 2017</td>
<td>February 28, 2018</td>
</tr>
<tr>
<td>November 2017</td>
<td>January 31, 2018</td>
<td>March 31, 2018</td>
</tr>
<tr>
<td>December 2017</td>
<td>February 28, 2018</td>
<td>April 30, 2018</td>
</tr>
</tbody>
</table>
Open facilities are asked to submit patient information timely including the submission of the 2728 to assure ESRD coverage for Medicare beneficiaries. CMS is closely monitoring and will update exception lists soon after any events occur in the future.

The affected counties by FEMA as of the date of this communication are as follows:

**California Counties**
- Butte
- Lake
- Mendocino
- Napa
- Nevada
- Orange
- Sonoma
- Yuba

As Of: 10/10/17

For More Information Please visit: www.fema.gov/disasters
ESRD Quality Incentive Program
Payment Year 2019 Reporting
Celeste Bostic, MIM RN BSN
Nurse Consultant ESRD|QIP
Division of Value, Incentives, and Quality Reporting (DVIQR)
Quality Measurement and Value-Based Incentives Group (QMVIG)
CMS| Center for Clinical Standards and Quality (CCSQ)

Celeste Bostic is a Nurse Consultant for the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) at the Centers for Medicare and Medicaid Services (CMS). As a Nurse Consultant, Celeste serves as a subject matter expert providing a clinical perspective and supporting policy decisions for the program. She also is responsible for outreach and communications activities for the ESRD QIP Program.
Objectives

• Review Payment Year (PY) 2019 Extraordinary Circumstances Exception (ECE) policy

• Provide an overview of the ECE process

• Discuss impact of the PY 2019 Exception for Hurricanes Harvey, Irma, and Maria
  – Explain how the PY 2019 Blanket Exception will impact Scoring
  – Explain the impact of the CROWNWeb reporting extension
What is an Extraordinary Circumstance?

• An extraordinary circumstance is an event that occurs outside of the control of a facility.

• Including but not limited to;
  – Natural disasters: hurricanes, floods, tornadoes, earthquakes
  – Other: unexpected renovations and maintenance of the facility such as burst pipes, inoperable HVAC systems, and water quality.
ESRD QIP Extraordinary Circumstances Exception (ECE) Policy

• Renal dialysis facilities may request to be exempt from all ESRD QIP reporting requirements during a period that the facility was closed due to an extraordinary circumstance outside of its control.

• If CMS determines that the facility closed for a period of time due to the extraordinary circumstance, then the months in which the facility was closed would not be considered in the QIP total performance score (TPS) calculation.

• The entire month is excluded regardless of the number of days within the month the facility is closed.
Facilities that are forced to close due to an extraordinary circumstance that is beyond their control.
Elements of an ECE Request

1. CMS Disaster Extension/Exception Request Form completed

2. Facility provided all supporting documents and evidence of closure including but not limited to, photographs, newspaper articles, etc.

3. Form was signed by CEO

4. Request submitted to the ESRD QIP Mailbox within 90 days of the date of the disaster or extraordinary circumstance: ESRDQIP@cms.hhs.gov
The ESRD QIP ECE Request Process

Extraordinary Circumstance Occurs

- Complete the ECE Form
- In addition to other fields, a detailed explanation and the reason for requesting an exception must be provided, including but not limited to photographs, newspaper, and other media articles
- Dates affected
- Date facility will start submitting data again, with justification for this date (reopen date)*

*If the facility is unaware of the approximate reopen date, this may be submitted to the ESRD QIP mailbox at a later date

ECE requests sent after 90 days of the incident will be automatically denied

ECE requests submitted without the proper evidence will be returned without any further review of their content

- If a facility remains closed at the end of the performance period, the facility must submit an additional ECE request for the subsequent payment year

Connecting the Pieces
CMS’ Blanket Exceptions
The HHS Secretary issued Public Health Emergency Declarations (PHED) and Social Security Act exception for Texas, Louisiana, Florida, Georgia, South Carolina, Puerto Rico, and the US Virgin Islands.

The PHED Effective dates are as follows.

– Hurricane Harvey:
  • Texas: August 25, 2017
  • Louisiana: August 27, 2017

– Hurricane Irma:
  • Puerto Rico and the U.S. Virgin Islands: September 5, 2017
  • Florida: September 4, 2017
  • Georgia: September 7, 2017
  • South Carolina: September 6, 2017

– Hurricane Maria:
  • U.S. Virgin Islands: September 16, 2017
  • Puerto Rico: September 17, 2017
2017 Blanket Exception

• CMS released memos throughout September in response to Hurricane Harvey, Hurricane Irma, and Hurricane Maria providing a “blanket exception” to renal dialysis facilities that closed in the Federal Emergency Management Agency (FEMA) designated major disaster areas.

• Facilities that closed anytime on or after the date the exception was issued as a result of Hurricanes Harvey, Irma or Maria are exempt from all reporting requirements of the ESRD QIP for the following reporting months.
  – Hurricane Harvey: June – December 2017
  – Hurricanes Irma and Maria: July – December 2017
Facilities in designated areas that *did not close* may:

- submit an ECE request for consideration
  
  or
  
- submit a formal inquiry detailing the circumstances during next summer’s Payment Year (PY) 2019 preview period.
## PY2019 Exception Measure Impacts
### Clinical Measure Domain

<table>
<thead>
<tr>
<th>Clinical Measure Domain</th>
<th>Harvey</th>
<th>Irma/ Maria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized Readmission Ratio (SRR)</td>
<td>Scored based on readmissions occurring during the first five months of the year</td>
<td>Scored based on readmissions occurring during the first six months of the year</td>
</tr>
<tr>
<td>ICH CAHPS</td>
<td>Facilities will be scored if they receive at least 30 completed surveys during the performance period</td>
<td>Facilities will be scored if they receive at least 30 completed surveys during the performance period</td>
</tr>
<tr>
<td>VAT Measure Topic (fistula, catheter)</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
<tr>
<td>Standardized Transfusion Ratio</td>
<td>Scored using transfusion event data during the first five months of the year</td>
<td>Scored using transfusion event data during the first six months of the year</td>
</tr>
<tr>
<td>Kt/V Dialysis Adequacy (comprehensive)</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
</tbody>
</table>

Note: Facility must meet all minimum data requirements in order to be scored
## PY2019 Exception Measure Impacts
### Safety and Reporting Measures Domain

<table>
<thead>
<tr>
<th>Safety Measure Domain</th>
<th>Harvey</th>
<th>Irma/ Maria</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSN BSI Measure Topic</td>
<td>Excluded entirely from the TPS calculation</td>
<td>Excluded entirely from the TPS calculation</td>
</tr>
<tr>
<td>• NHSN BSI Clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NHSN Dialysis Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting Measure Domain</td>
<td>Harvey</td>
<td>Irma/ Maria</td>
</tr>
<tr>
<td>NHSN Healthcare Personnel Influenza Vaccination</td>
<td>No Impact</td>
<td>No Impact</td>
</tr>
<tr>
<td>Clinical Depression Screening and Follow-Up</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
<tr>
<td>Pain Assessment and Follow up</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
<tr>
<td>Mineral Metabolism</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
<tr>
<td>Anemia Management</td>
<td>Scored using data reported during the first five months of the year</td>
<td>Scored using data reported during the first six months of the year</td>
</tr>
</tbody>
</table>

Note: Facility must meet all minimum data requirements in order to be scored
## Redistributed Weights for Facilities Impacted by Hurricanes in PY 2019

<table>
<thead>
<tr>
<th>Measure</th>
<th>Domain</th>
<th>Weight in TPS</th>
<th>Sub-Domain</th>
<th>Sub-Domain Weight in Domain</th>
<th>Measure Weight in Domain</th>
<th>Measure Weight of TPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICH CAHPS</td>
<td>Clinical</td>
<td>Clinical Domain is 84% of TPS</td>
<td>Patient/Family Engagement</td>
<td>41% of Clinical Domain</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>SRR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kt/V Adequacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.07%</td>
<td>13.5%</td>
</tr>
<tr>
<td>VAT Measure Topic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18.75%</td>
<td>15.75%</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.93%</td>
<td>7.5%</td>
</tr>
<tr>
<td>STrR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>NHSN Bloodstream Infections</td>
<td>Safety</td>
<td>Safety Domain is 0% of TPS</td>
<td></td>
<td>N/A</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>NHSN Dialysis Event Reporting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mineral Metabolism</td>
<td>Reporting</td>
<td>Reporting Domain is 16% of TPS</td>
<td></td>
<td>N/A</td>
<td>20%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Anemia Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Pain Assessment and Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Clinical Depression Screening and Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td>3.2%</td>
</tr>
<tr>
<td>NHSN HCP Influenza Vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

**Connecting the Pieces**

ICH CAHPS: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
SRR: Standardized Readmission Ratio
STrR: Standardized Transfusion Ratio
Kt/V: Clearance, Dialysis Time, /Volume
VAT: Vascular Access Type
NHSN: National Healthcare Safety Network
HCP: Healthcare Personnel
**Total Performance Score: Facility A**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Domain Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Measure Domain</td>
<td>94</td>
</tr>
<tr>
<td>Safety Measure Domain</td>
<td>NA</td>
</tr>
<tr>
<td>Reporting Measure Domain</td>
<td>92</td>
</tr>
</tbody>
</table>

\[
\text{Total Performance Score} = (0.84 \times \text{Clinical Domain}) + \text{Not eligible for Safety Domain} + (0.16 \times \text{Reporting Domain})
\]

\[
= (0.84 \times 94) + 78.96 + 14.72
\]

\[
= 78.96 + 14.72 = 93.68
\]

(Rounds to 94)
CMS issued 60-day extensions for reporting deadlines to all facilities in FEMA-designated disaster areas.

<table>
<thead>
<tr>
<th>CLINICAL MONTH</th>
<th>CLINICAL CLOSURE REPORTING PERIOD</th>
<th>EXTENSION TO REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULY 2017</td>
<td>September 30, 2017</td>
<td>November 30, 2017</td>
</tr>
<tr>
<td>AUGUST 2017</td>
<td>October 31, 2017</td>
<td>December 31, 2017</td>
</tr>
<tr>
<td>SEPTEMBER 2017</td>
<td>November 30, 2017</td>
<td>January 31, 2018</td>
</tr>
<tr>
<td>OCTOBER 2017</td>
<td>December 31, 2017</td>
<td>February 28, 2018</td>
</tr>
<tr>
<td>NOVEMBER 2017</td>
<td>January 31, 2018</td>
<td>March 31, 2018</td>
</tr>
<tr>
<td>DECEMBER 2017</td>
<td>February 28, 2018</td>
<td>April 30, 2018</td>
</tr>
</tbody>
</table>
Frequently Asked Questions
Q: What time period does the ESRD QIP exception cover?

Answer:

Facilities will be exempt from all reporting requirements starting June, for hurricane Harvey, or July for hurricane IRMA and Maria, through the December of 2017.
Q: Is there a minimum amount of time that a facility needs to be closed in order to be eligible for the exception?

Answer:

There is no minimum closure requirement to be eligible for the PY 2019 exception.
Q: Do facilities that closed in FEMA designated disaster areas need to submit a formal ECE requests?

Answer:

No, facilities that closed in the designated areas do not need to submit an ECE request.
Q: What if the facility remains closed into Calendar Year 2018?

Answer:

Facilities seeking an exception beyond December 2017 should follow the ECE request process and submit a request for the PY2020 program.
Q: What additional evidence do facilities need to provide CMS?

Answer:

CMS will not require facilities located in the FEMA designated areas, but reserves the authority to request this information from facilities at any time.
Q: How will CMS determine which facilities were closed?

Answer:

CMS in collaboration with the ESRD Networks and the Kidney Community Emergency Response (KCER) team will identify closed facilities located in the FEMA designated areas.
Q: When will facilities be informed on whether they were included in the PY 2019 exception?

Answer:

CMS intends to communicate its decision through routine communication channels to facilities such as issuing memoranda, emails, and notices on a CMS-approved Web site by December 31, 2017.
Resources

• ESRD QIP QualityNet page
  – Accessible at www.QualityNet.org by selecting the ESRD Facilities tab and then ESRD QIP

• ECE page
  – Accessible via the steps above and then selecting Extraordinary Circumstances from the left side menu.

• ESRD QIP mailbox
  – ESRDQIP@CMS.HHS.gov
Pain Assessment and Depression Screenings
Where in CROWNWeb is the Pain and Depression Screenings Located?

- Patient Tab
- Facilities Tab
- Clinical Tab
- Reports Tab
• **Clinical Depression Screening and Follow-Up**
  – Facilities must submit information for each eligible patient **ONCE** during the calendar year.
  – The assessment period is from 1/1 – 12/31 of each calendar year.

• **Pain Assessment and Follow-Up**
  – Facilities must submit information for each eligible patient **twice** during the calendar year.
  – The assessment periods are from 1/1 to 6/30 and 7/1 to 12/31 of each calendar year.

• **Both Sections**
  – CROWNWeb users can enter data during the **entire** assessment period.
  – CMS has provided due dates of **2/28/18 for the 2017** assessment period and **8/31/18 for the first 2018** Pain Assessment to complete reporting.
  – After the previous year’s assessment period is closed, the reported values become **read only**.
### Facility Dashboard Overview

#### Upcoming Reminders
- **08/31/2017** - Clinical Data submission deadline for the June 2017 clinical period.
- **09/30/2017** - Clinical Data submission deadline for the July 2017 clinical period.

#### Clinical Depression Screenings
- **Required Screenings**: 120
- **Upcoming Screenings**: 0

#### Pain Assessments
- **Required**: 0
- **Upcoming**: 0

#### Form 2744 Status
- **2016 Final**
Pain Assessment and Depression Screening

• Totals for required assessments/screenings and upcoming

• Patients Listed
  – Meet the criteria required for completion
  – Drop off the list upon completion

• Facility Dashboard updates about every 15 minutes
CROWNWeb Clinical Menu Screen

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

- Facility CCN
- Facility NPI
- Facility DBA Name
- Assessment Period
- Patient

Clinical Depression Screening and Follow-Up Reporting Options

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-up Plan information for each eligible patient at least once during the calendar year.

The assessment periods are from 01/01 to 12/31 of each calendar year. Users can enter data during the entire assessment period and or...
• Shows all patients that have been at your facility during the Pain Assessment or Clinical Depression Screening Period on the Patient drop-down list in CROWNWeb.
  – Determine if the patient qualifies to have their Pain Assessment or Depression Screening completed.

• The Patient drop-down list in CROWNWeb will display the submission date after you have completed the Pain Assessment.
  – The Patient will **NOT** drop off of the list.
CROWNWeb Clinical Depression Screen

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

1 Facility CCN  1 Facility NPI  1 Facility DBA Name
102636          -------       USF DIALYSIS CENTER (700000178)

* Assessment Period
01/01/2017 – 12/31/2017

* Patient
-------

Clinical Depression Screening and Follow-Up Reporting Options

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-up Plan information for each eligible patient at least once during the calendar year.

The assessment periods are from 01/01 to 12/31 of each calendar year. Users can enter data during the entire assessment period and are given one month past the end of the assessment period (01/31 of the next calendar year) to complete their reporting. On 02/01 the previous year’s assessment period closes and the reported values become read-only.

- 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 the assessment period selected
- Only required of facilities with a CCN open date prior to July 1 of the assessment year selected

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

Submit
Pain Assessment and Follow-Up Reporting

Patient Selection

- Facility CCN 102536
- Facility NPI
- Go
- Facility DBA Name
  USF DIALYSIS CENTER (700000178)
- Assessment Period
  01/01/2017 - 06/30/2017
- Patient

Pain Assessment and Follow-Up Reporting Options

In order to comply with QIP requirements, you must submit Pain Assessment and Follow-up Plan information for each eligible patient twice during the calendar year.

The assessment periods are from 01/01 to 06/30 and 07/01 to 12/31 of each calendar year. Users can enter data during the entire assessment period and are given one month past the end of the assessment period to complete their reporting (07/31 for the first assessment period and 01/31 of the next calendar year for the second assessment period). On 08/01 and 02/01 respectively the reporting period closes and the reported values become read-only.

- Only required to be submitted for patients 18 years 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 the assessment period selected
- Only required of facilities with a CCN open date prior to July 1 of the assessment year selected

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

- 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

Submit
Questions

CRAFT@MyCROWNWeb.org
Thanks for Attending!

Our next CROWNWeb Town Hall will be held:

Date: November 30, 2017
Time: 2pm-3pm EDT

QualityNet Help Desk: 1-866-288-8912

Website: http://www.MyCROWNWeb.org

A survey will pop up in your browser when the session ends.

Please follow the link and let us know what you think and what you would like to be covered in future Town Hall events, thank you!