



The CROWNWeb Highlights

*With CROWNWeb Outreach,
Communication, and Training (OCT)*

December 21, 2017– 2pm to 3pm EDT



Submitting Questions

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.



A screenshot of a web application interface. At the top, there are three icons: 'Participants' (a person icon), 'Chat' (a speech bubble icon), and 'Q&A' (a question mark icon). Below these icons, there are two expandable sections: 'Participants (2)' and 'Q&A'. The 'Q&A' section is expanded, showing a list with one item: 'All (0)'. At the bottom of the interface, there is an 'Ask:' dropdown menu currently set to 'All Panelists'. Below the dropdown is a text input field with placeholder text: 'Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit'. To the right of the input field is a 'Send' button. In the bottom right corner, there is a 'Connected' status indicator with a green dot.

Today's Host

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



Kirsten Keating
Project Coordinator





Latest News and Reminders

Clinical Closures

Clinical Month(s)	Date of Closure for Clinical Submissions
October 2017	December 31, 2017 at 11:59 p.m. ET
November 2017	January 31, 2018 at 11:59 p.m. ET
December 2017	February 28, 2018 at 11:59 p.m. ET

- **Clinical closures apply to all Collection Types.**
- **Clinical data submission applies to all submission methods.**

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

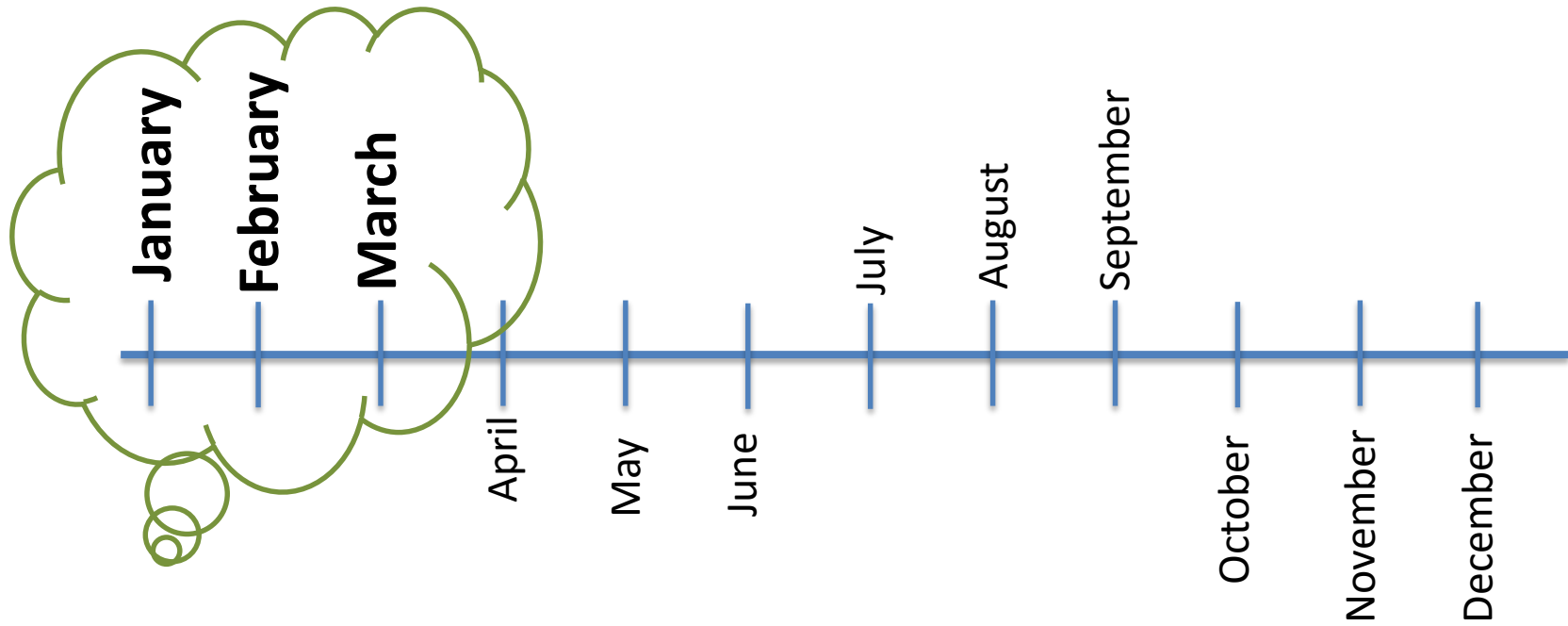
FEMA Areas: Clinical Extension

CLINICAL MONTH	CLINICAL CLOSURE REPORTING PERIOD	EXTENSION TO REPORT
August 2017	October 31, 2017	December 31, 2017
September 2017	November 30, 2017	January 31, 2018
October 2017	December 31, 2017	February 28, 2018
November 2017	January 31, 2018	March 31, 2018
December 2017	February 28, 2018	April 30, 2018



A Quarter At A Time Highlight

A Look at Quarter One



A Year of Data Quality Goals: March 2016 – March 2017

Category	2016 Compliance	2017 Compliance
Monthly PART	93%	94%
Admission w/in 5 Days	62%	66%
Initial CMS-2728 w/in 10 Days	10%	21%
CMS-2746 w/in 14 days	61%	63%
Monthly Clinical Data (All Pts)	99%	99%
Monthly Clinical Data (PD Pts)	96%	98%
GAP Patients	22,641	4,085
Notifications & Accretions	9,382	15,045

Dr. Jesse Roach, CMS Nephrologist on Kt/V

Dr. Jesse Roach answered the often asked questions on: What, How, and the Why of Kt/V

- **What is Kt/V?**
- **How is Kt/V Measured?**
- **What affects Kt/V?**
- **Why do clinicians measure Kt/V?**

The Answers Were:

Q: Why do clinicians measure Kt/V?

A:

- Dialysis adequacy is important to measure because it is associated with survival.
- Dialysis adequacy is important to measure because it is necessary to know if we are delivering an appropriate dose of dialysis to our patients.
- Monthly monitoring of Kt/V is useful to monitor a patient's vascular access.
- CMS collects this data for use in its quality programs including the ESRD Quality Incentive Payment (QIP) program and Dialysis Facility Compare.
- CMS is required by law to have a measure of dialysis adequacy in the ESRD QIP.

Dr. Roach Had the Details

Dr. Roach even went further with Kt/V!

- **Where does Kt/V go in CROWNWeb?**
- **What are the goals of Kt/V?**
- **Does Kt/V have limitations?**

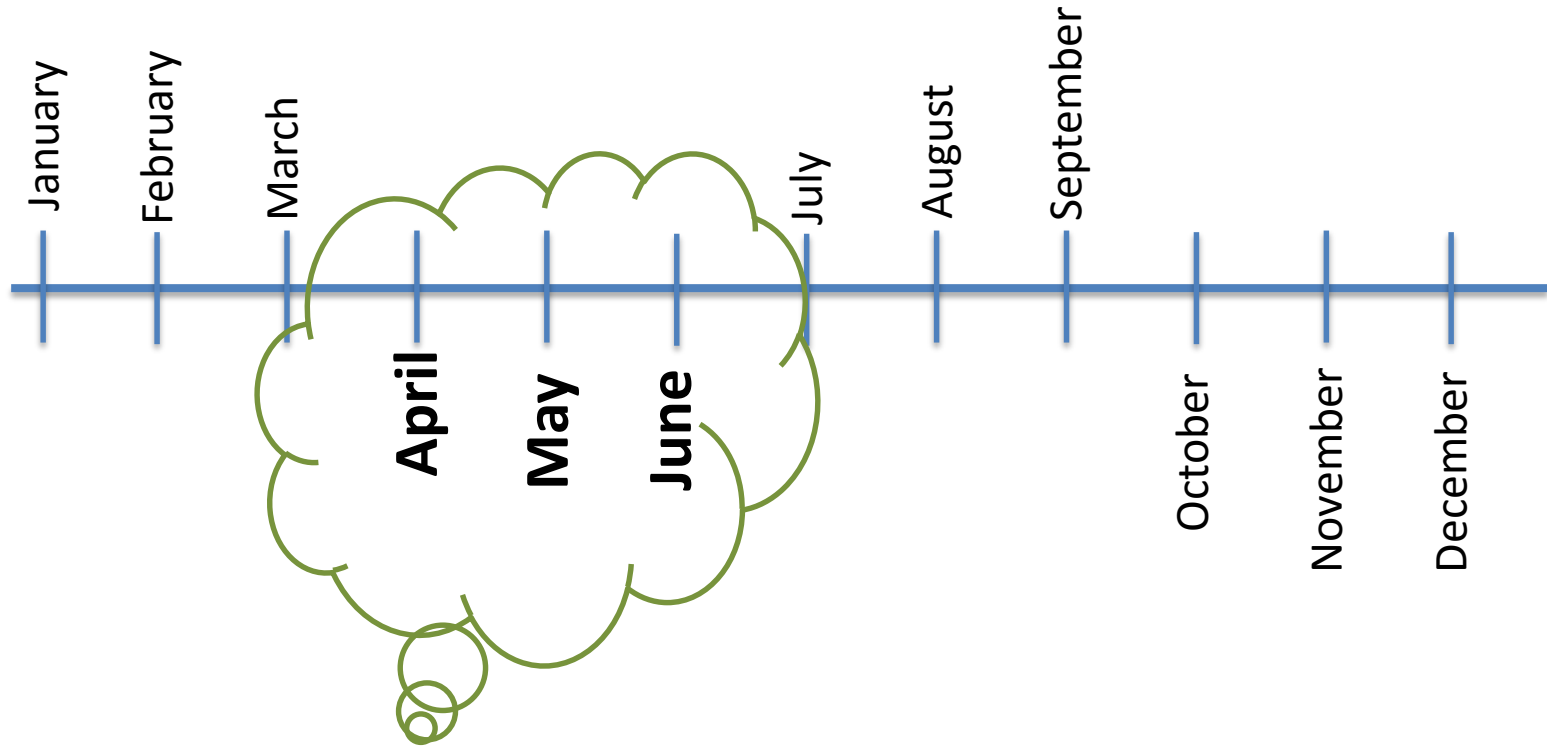
Let's Hear Again from Dr. Roach

Q: What are the goals of Kt/V?

A:

- For hemodialysis patients, all ages: single pooled Kt/V > 1.2 (calculated from the last measurement of the month)
- For pediatric (age < 18 years) peritoneal dialysis patients: Kt/V urea > 1.8 (dialytic + residual, measured within the past six months)
- For adult (age ≥ 18 years) peritoneal dialysis patients: Kt/V urea > 1.7 (dialytic + residual, measured within the past four months)

And Then There Were Two... Guest Speakers That Is!



Matt McDonough and the ESRD National Coordinating Center (NCC)

- Support ESRD Networks in multiple Quality Improvement Activities
- Provide accurate CROWNWeb data reports to ESRD Networks to support CMS initiatives
- Administer multiple national communication and outreach efforts (i.e., website; NEPOP*)
 - Accurate Patient Information for ESRD NCC

Let's Hear from Matt

- Accurate Patient Information for ESRD NCC
 - Mailing Address
 - Name of Business [if Assisted Living Facility (ALF), Hospital, etc.]
 - Complete Street Name
 - Accurate House/Apt. Number
 - Zip Code
 - Used for NEPOP Mailing
 - New ESRD Patient Orientation Packet
 - Sent to all “New to ESRD” diagnosed patients
 - Address pulled from CMS-2728 Form
 - All new patients pulled from previous calendar month

Beverly Whittet with Kidney Coalition Emergency Response (KCER)

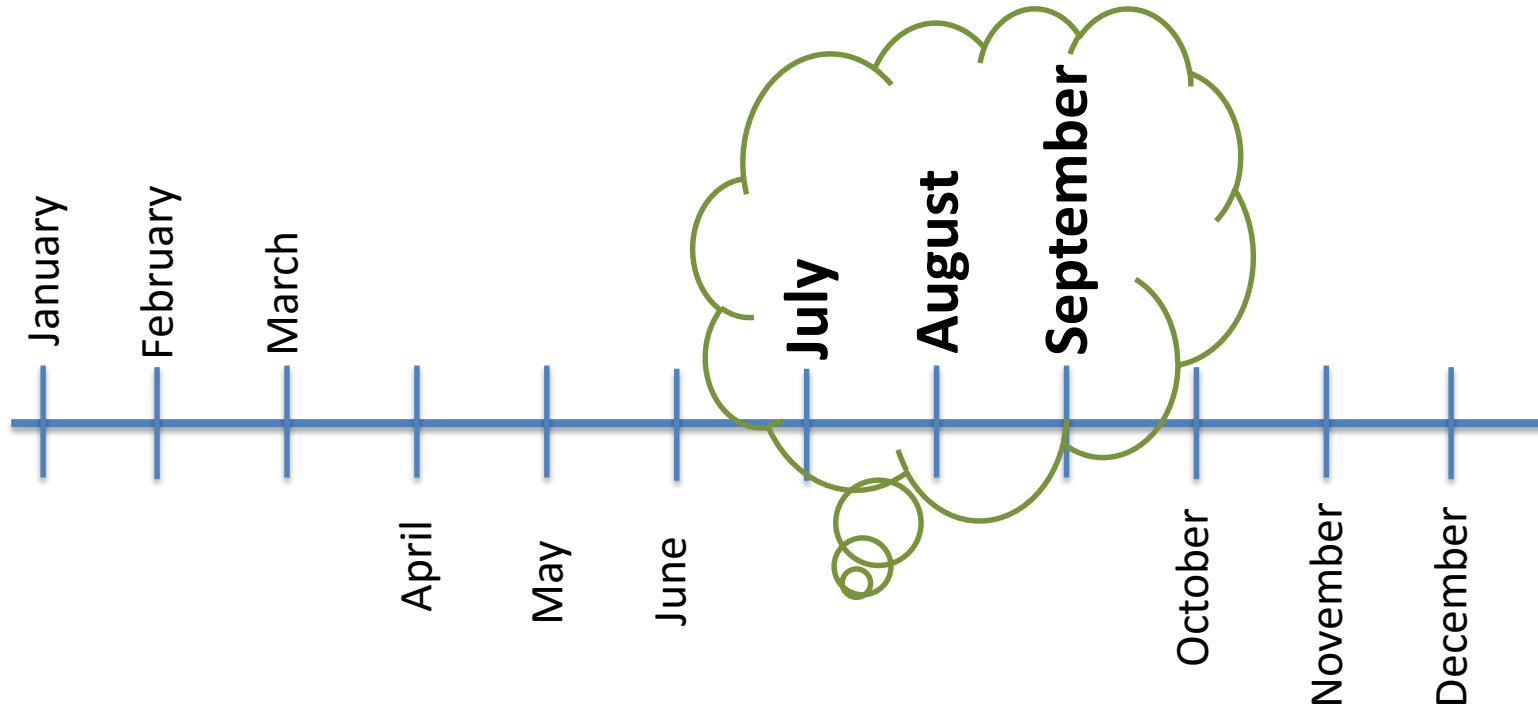
- Coordinate continuing care and access to services for dialysis patients during emergencies or disasters
- Provide technical assistance to the ESRD Networks, kidney organizations, and other groups
- Ensure timely and efficient disaster preparedness, response, and recovery for the kidney community

Let's Hear from Beverly

- Current Facility Information
 - Facility Name
 - Address
 - Phone Number
 - Dialysis types offered and number stations
 - Personnel
- Current Patient Information
 - Address
 - Phone Number
 - Modality

Updates in CROWNWeb are **CRITICAL** to emergency management

Three Quarters of the Way, But Still Not the End of the Year!



Your System, Your Voice

We wanted to Hear From you! Questions were asked about:

- the dashboard and its enhancements
 - What area(s) of data submission has the Facility Dashboard helped improve the most?
- ICD-10 Codes
 - Have you experienced ICD-10 code issues when attempting to complete CMS-2728 forms in CROWNWeb?
- Notification and Accretion Alerts
 - What steps do you follow when unable to resolve Notifications and Accretions?
- CROWNWeb Data Quality Goals
 - Are you aware of the CROWNWeb Data Quality Goals?

Dr. Jesse Roach, CMS Nephrologist and Ultrafiltration

Dr. Jesse Roach discussed the Date, Rate, and Weight details for Ultrafiltration while answering questions like:

- **What is Ultrafiltration Rate?**
- **Why is Ultrafiltration Rate important in ESRD treatment?**
- **How is Ultrafiltration measured?**
- **What are the values/outcomes expected?**
- **Why is CMS collecting this new data element?**
- **Where in CROWNWeb will the Ultrafiltration information be submitted?**

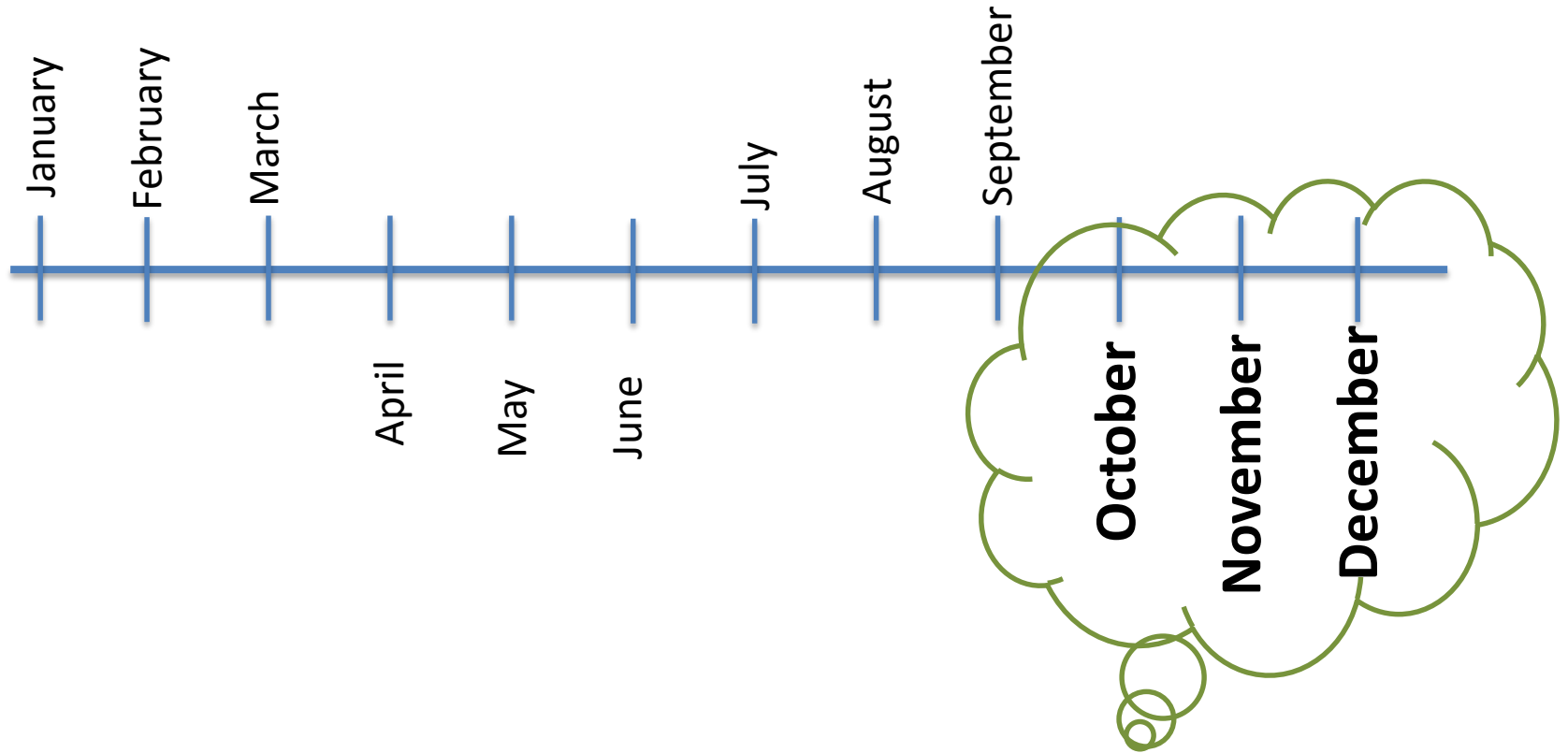
Hey Listen... It's Dr. Roach

Q: Why is CMS collecting this new data element?

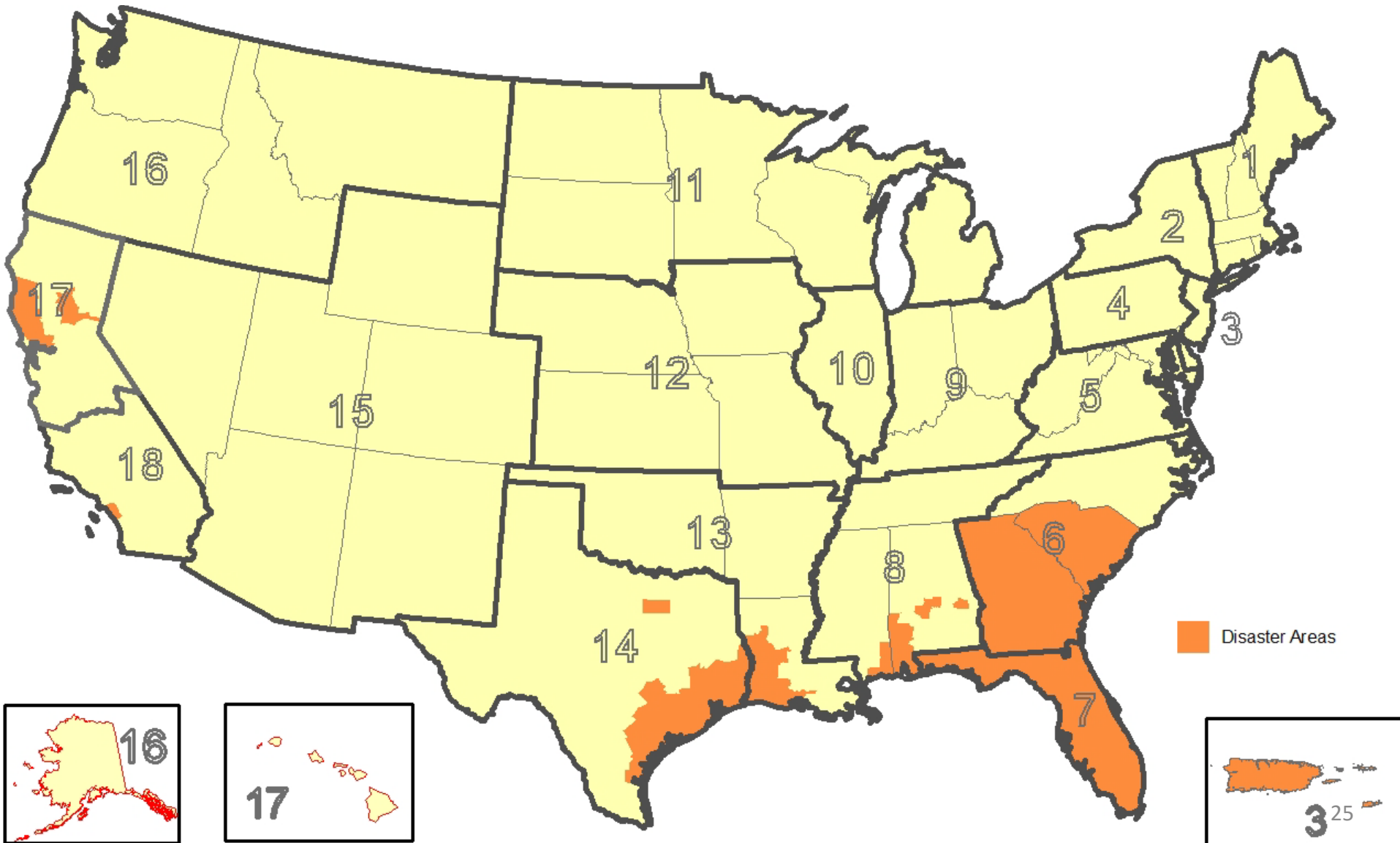
Answer:

Ultrafiltration Rate is an important quality indicator that has been shown to affect patient outcomes such as mortality. CMS believes monitoring ultrafiltration rate is an important aspect of delivering quality dialysis care.

4th Quarter and Goal! (Almost)



Natural Disaster Areas in the U.S.



Natural Disasters and CROWNWeb

CMS granted **60-day extensions** from CROWNWeb clinical reporting for FEMA-designated areas impacted by the recent hurricanes and wildfires

CLINICAL MONTH	CLINICAL CLOSURE REPORTING PERIOD	EXTENSION TO REPORT
July 2017	September 30, 2017	November 30, 2017
August 2017	October 31, 2017	December 31, 2017
September 2017	November 30, 2017	January 31, 2018
October 2017	December 31, 2017	February 28, 2018
November 2017	January 31, 2018	March 31, 2018
December 2017	February 28, 2018	April 30, 2018

Celeste Bostic and the ESRD QIP

Celeste discussed important ESRD QIP related item in regards to Natural Disasters:

- Reviewed Payment Year (PY) 2019 Extraordinary Circumstances Exception (ECE) policy
- Provided an overview of the ECE process
- Discussed the 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

Celeste Bostic Covered . . .

- CMS released memos in response to the hurricanes and fires 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 exceptions were issued 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
 - California Wildfires: September – December 2017

Our CROWNWeb Focus- the Goals



Data Quality Goals 2017-2018

Category	May 2017 Set Point	Nov 2017 Rate	June 2018 Goal
Admission within 5 Days	69%	68.6%	90%
Initial CMS-2728 with in 10 Days (New)	22%	21.8%	50%
Initial CMS-2728 with in 45 Days (Due)	86%	89.3%	90%
CMS-2746 with in 14 Days	60%	63.7%	90%
System Discharges/GAP Patients	4,287	4,165	0
Notification & Accretion Alerts resolved with in 15 Days	16,511	5,371	90%
PART every 30 Days	96%	96.1%	100%



A Look into the New Year!

CROWNWeb in 2018

What's coming to this evolving system?

1. Death Dates to be populated in CROWNWeb
2. Ultrafiltration Measure Reporting
3. Updated CROWNWeb Data Management Guidelines
4. Medicare Beneficiary Identifier (MBI)
5. ESRD Quality Reporting Systems consolidation
– known as EQRS

Questions

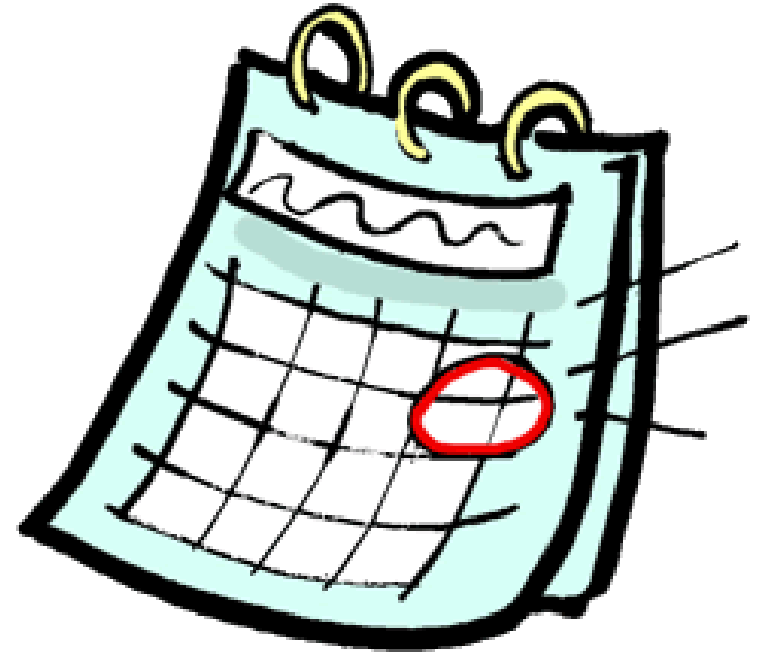


Thanks for Attending!

**Our next CROWNWeb
Town Hall will be held:**

Date: January 25, 2018

Time: 2pm-3pm EDT



For Further Information...

Help Me Form: <http://help.MyCROWNWeb.org>

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!