ICH CAHPS Attestation and Clinical Depression Screening Training

With End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT) Team
Submitting Questions

Type questions in the “Q&A” section, located to the right 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.
Today’s Trainer

ESRD Outreach, Communication, and Training (EOCT) Team

Oniel Delva, MS, CTT+
Communications Director

Note:
Patient data used in this presentation is fictitious.
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation
ICH CAHPS Vendors

https://ichcahps.org/

CMS Certified vendors and additional information can be found here.
Facilities with 30 or more eligible patients during 2018:

- Should have administered the ICH CAHPS survey during calendar year 2019 through a CMS-certified vendor

- Should leave the attestation field blank for the ICH CAHPS attestation period that is currently running from January 1, 2020 to March 2, 2020
Facilities with fewer than 30 eligible in-center hemodialysis patients during calendar year 2018:

• Were exempt from administering the ICH CAHPS survey during calendar year 2019

• Should attest to that exemption during the attestation period that is currently running from January 1, 2020 to March 2, 2020
Did your facility treat 30 or more eligible patients in 2018?

- **Yes**: Conduct the ICH CAHPS survey twice during the year in 2019
- **No**: Attest by 11:59 PM PT on March 2, 2020
The following patients are excluded from the eligible patient count:

- Patients not receiving in-center hemodialysis
- Patients less than 18 years of age on the last day of the sampling window for the semi-annual survey
- Patients receiving hemodialysis from their current facility for less than three months
- Patients receiving hospice care
- Patients currently residing in an institution, such as residential nursing home or long-term care facility, or a jail or prison
Submit an Attestation
Attestation Period is Open

The Dashboard displays the “ICH CAHPS attestation period is open” message with a direct link to the attestation screen from January 1, 2020 to March 2, 2020.

ICH CAHPS attestation period is open
ICH CAHPS is not attested. To complete the attestation go to the facility attestation page. This period ends on 03/02/2020.
Click the down arrow to the right of Facilities in the menu bar. An alternative route to the Attestation screen begins by searching for the desired facility and then clicking the Attestation link on the Facility summary screen.

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<table>
<thead>
<tr>
<th>Form 2728</th>
<th>New</th>
<th>Due</th>
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<th>Notifications &amp; Accretions</th>
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<tr>
<th>System Discharges</th>
<th>2018</th>
<th>2017</th>
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<td>25</td>
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Clinical Depression Screenings

OCT Dialysis (392762 1003864208)

Facility Dashboard Overview

Upcoming Reminders
```
A drop down select list displays links to Search Facilities or Personnel.

### Facility Dashboard Overview

#### Overview

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Click the Search Facilities link.
Search Facilities

The Search Facilities screen displays.

Search Facilities
Facility Lookup

Search by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number
Search Facilities (cont.)

Enter search criteria designed to find the desired facility. Once you have entered at least three letters, a list of facilities displays. Click the desired facility name when it displays.
The Facility summary screen displays.
Click the Attestations link in the Actions area.
Facility Attestation

The Facility Attestation screen displays.

- Search Facilities and Add New Facility have moved to EQRS.
- To find a saved facility, go to EQRS, click on the Facilities menu item, and then Search to find your saved facility.

Facility Attestation

Facility Attestation for OCT Dialysis (400000101)

ICH CAHPS Attestation

During the "eligibility period" (i.e., Calendar Year 2018), did your facility treat fewer than 30 eligible patients for the ICH CAHPS Reporting measure?

Yes. I attest that my facility is not eligible for the ICH CAHPS Reporting measure because it treated fewer than 30 eligible patients over the course of the entire eligibility period.

Note: In this case, the following patients are excluded from the eligible patient count:
1) Patients not receiving in-center hemodialysis
2) Patients less than 18 years on the last day of the sampling window for the semiannual survey
3) Patients receiving hemodialysis from their current facility for less than 3 months
4) Patients receiving hospice care
5) Patients currently residing in an institution, such as a residential nursing home or other long-term care facility, or a jail or prison

ICH CAHPS Attestation

I Branden Bartlett
Attest on behalf of

Submit	Reset	Delete
Facility Attestation (cont.)

Click the down arrow to the right of the ICH CAHPS Attestation field and then click Yes in order to attest.

Facility Attestation for O2I Dialysis (400000101)

ICH CAHPS Attestation

During the “eligibility period” (i.e., Calendar Year 2018), did your facility treat fewer than 30 eligible patients for the ICH CAHPS Reporting measure?

Yes, I attest that my facility is not eligible for the ICH CAHPS Reporting measure because it treated fewer than 30 eligible patients over the course of the entire eligibility period.

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5) Patients currently residing in an institution, such as a residential nursing home or other long-term care facility, or a jail or prison

ICH CAHPS Attestation: Yes

I attest on behalf of: [Signature]

Submit | Reset | Delete
Once you have clicked Yes, the Attest on behalf of field becomes active.
Facility Attestation (cont.)

Click the down arrow to the right of the Attest on behalf of field. A list of all personnel at your facility who have been entered in CROWNWeb displays.
Select the person you are attesting for from the drop down list and then click Submit.
A confirmation dialog box displays asking you to confirm your submission. Click Yes to confirm your attestation submission.
Facility Attestation (cont.)

Last Updated by message displays on the Facility Attestation screen.

Facility Attestation for OCT Dialysis (400000101)

ICH CAHPS Attestation

During the "eligibility period" (i.e., Calendar Year 2018), did your facility treat fewer than 30 eligible patients for the ICH CAHPS Reporting measure?

Yes, I attest that my facility is not eligible for the ICH CAHPS Reporting measure because it treated fewer than 30 eligible patients over the course of the entire eligibility period.

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ICH CAHPS Attestation: Yes

Last Updated by Brandon BartlettQ on 01/14/2020

I Brandon BartlettQ Attest on behalf of John Smith (2104703474)
The EQRS Facility Dashboard now displays a message that ICH CAHPS attestation has been submitted.
Clinical Depression Screening
Facilities must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year.

Users can enter data during the entire assessment period and are given two months past the end of the assessment period to complete reporting.

After the submission deadline, the previous year’s assessment period closes and the reported value becomes read-only.

**Assessment Period:**
- January 1, 2020 – December 31, 2020

**Clinical Depression assessment data reporting ends:**
- March 1, 2021
Patient Requirements are:
- Only required to be submitted for patients 12 years and older
- Only required to be submitted for patients treated at the facility for 90 days or longer

Facility Requirements are:
- Only required of facilities with at least 11 eligible patients during the assessment period selected
- Only required of facilities with a CMS Certification Number (CCN) open date prior to July 1 of the assessment period selected
If all requirements are met for a qualifying patient, the facility **MUST** choose from one of the provided options:

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression is documented as positive, and a follow-up plan not documented, and the facility possesses documentation that 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
Click the Clinical tab. The Manage Patient Clinical Values screen displays. Click the Patient Reporting sub tab.
Click Patient Reporting

The Clinical Depression Screening and Follow-Up Reporting screen displays.

Clinical Depression Screening and Follow-Up Reporting

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 two months past the end of the assessment period (02/28 of the next calendar year) to complete their reporting. On 03/01 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 data 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
Enter the desired Facility CCN or Facility NPI, and then click Go. The Facility DBA Name displays.
Select Assessment Period

Click the drop-down arrow in the Assessment Period field and select the desired date range.
The selected date range displays.
Select Patient Name

Click the drop-down arrow in the Patient field and select the desired patient. The patient name displays.
Select Clinical Depression Radio Button

Select the desired Clinical Depression radio button, and then click Submit.
CROWNWeb displays the Last Submitted date and time.

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 two months past the end of the assessment period (02/28 of the next calendar year) to complete their reporting. On 03/01 the previous year’s assessment period closes and the reported values become read-only.

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Submit
ESRD QIP Resources

- CMS ESRD Measures Manual for the 2020 Performance Period

- CMS ESRD QIP PY 2022 Measure Technical Specifications

Website:  http://www.MyCROWNWeb.org

QualityNet Help Desk: 1-866-288-8912

QualityNet Help Desk Email:  qnetsupport-esrd@hcqis.org

ESRD QIP Questions:  ESRD QIP ServiceNow Q&A Tool

________________________________________________________________________

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 training events, thank you!