



September 2020 Town Hall

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

September 24, 2020—2 PM to 3 PM ET



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.



The screenshot shows a user interface for submitting questions. 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 of questions with the text 'All (0)' below it. At the bottom of the interface, there is a form for submitting a question. The 'Ask:' dropdown menu is set to 'All Panelists'. Below the dropdown is a text input field with a placeholder that reads '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 and Presenter

Oniel Delva, MS, CTT+
Communications Director



Note:

Data used in this presentation is fictitious.
Content subject to change.



Latest News and Reminders

EQRS Release Planned for November 2020

IMPORTANT ANNOUNCEMENT

- The Centers for Medicare & Medicaid Services (CMS) plans to release the ESRD Quality Reporting System (EQRS) in **November 2020**.
- Roles and functionality from CMS's legacy applications – Renal Management Information System (REMIS), ESRD Quality Incentive Program (QIP), and CROWNWeb – will be incorporated into EQRS.

EQRS Downtime

IMPORTANT ANNOUNCEMENT

- Access to EQRS, and CROWNWeb, ESRD QIP, and REMIS user interfaces will be unavailable **from November 5, 2020 at 8 PM ET to November 9, 2020 at 7 AM ET.**

Facility Dashboard: Upcoming Reminders

- Use the EQRS Facility Dashboard for clinical closure reminders.

The screenshot displays the EQRS Facility Dashboard. The top navigation bar includes the EQRS logo and links for Dashboard and Facilities. The main content area is divided into two sections. On the left, under the 'Overview' tab, there are three summary cards: 'Form 2728' with 0 New, 0 Due, and 0 Past due; 'Form 2746' with 0 Due and 0 Past due; and 'Notifications & Accretions' with 0 Unresolved. On the right, the 'Facility Dashboard Overview' section features 'Upcoming Reminders' with two bullet points: '08/31/2020 - Clinical Data submission deadline for the June 2020 clinical period.' and '09/30/2020 - Clinical Data submission deadline for the July 2020 clinical period.'

Form 2728		
New	Due	Past due
0	0	0

Form 2746	
Due	Past due
0	0

Notifications & Accretions
Unresolved
0

Facility Dashboard Overview

Upcoming Reminders

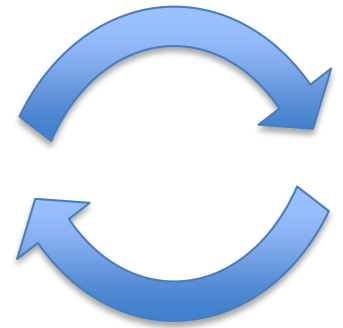
- **08/31/2020** - Clinical Data submission deadline for the June 2020 clinical period.
- **09/30/2020** - Clinical Data submission deadline for the July 2020 clinical period.



ESRD Community of Practice: Best Practices to Aid Data Reporting

Community of Practice Overview

- A Community of Practice (CoP) brings people with similar interests and goals together.
- CoP meetings help to provide a platform for:
 - Individuals to identify ways to implement change or enhance an existing process.
 - Collaboration and discussion regarding the challenges and resolution of an identified concept.



Today's ESRD CoP Meeting

Today, system users from the ESRD Community will share the following:

- Procedures they follow to support data management and submission efforts.
- How they use the ESRD Quality Reporting System (EQRS)/CROWNWeb data to support patient care efforts.
- Resources they use to improve data submission rates.

Goal of today's CoP meeting:

- For attendees to capture at least one idea that could be used to support their data reporting efforts.

Poll Question #1

Do you follow a data submission schedule?

- A. Yes
- B. No





ESRD Community of Practice: Estella Martinez

Introducing Estella Martinez

Introduction:

- Name: Estella Martinez
- Title/Role: Administrative Assistant
- Facility: DaVita Valley Baptist-Harlingen in Harlingen, Texas



EQRS/CROWNWeb System Usage:

- Years Using EQRS/CROWNWeb: Seven
- Data Submission Method: Batch
- Number of Facilities Supporting: One
- Total Number of Patients: 225

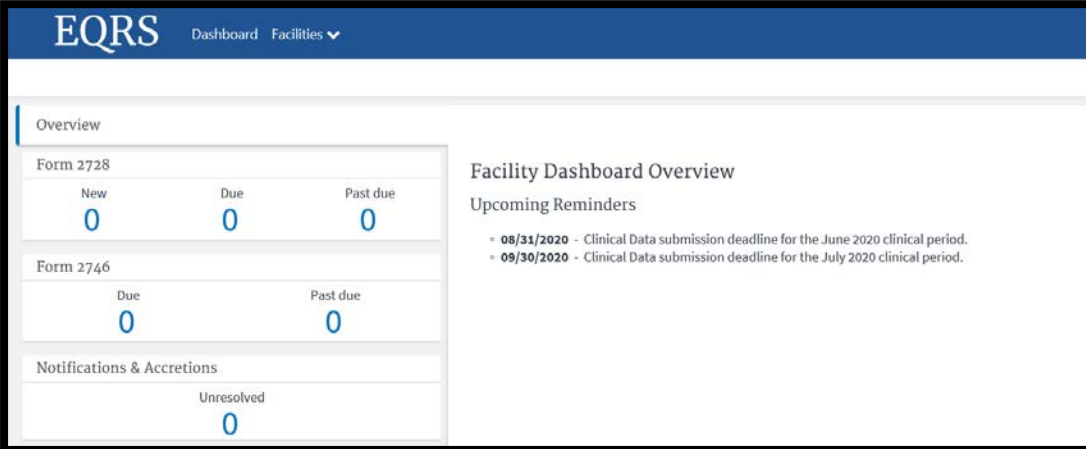
ESRD Community of Practice

How often do you use EQRS/CROWNWeb?

- Weekly

What screens do you access most and why?

- I use the:
 - EQRS Facility Dashboard for an overview of data submission requirements.
 - Admit/Discharge screens to support Patient Attributes and Related Treatment (PART) verification efforts.



The screenshot displays the EQRS Facility Dashboard. The top navigation bar includes the EQRS logo, 'Dashboard', and a 'Facilities' dropdown menu. The main content area is divided into several sections:

- Overview:** A table showing submission counts for Form 2728 and Form 2746.
- Facility Dashboard Overview:** A section titled 'Upcoming Reminders' with two entries: '08/31/2020 - Clinical Data submission deadline for the June 2020 clinical period.' and '09/30/2020 - Clinical Data submission deadline for the July 2020 clinical period.'
- Notifications & Accretions:** A section showing 'Unresolved' counts.

Form 2728	New	Due	Past due
	0	0	0

Form 2746	Due	Past due
	0	0

Notifications & Accretions	Unresolved
	0

ESRD Community of Practice

Do you follow a data entry schedule?

- It is good to remember that everything in EQRS/CROWNWeb is time sensitive.
- I conduct weekly reviews of the EQRS Facility Dashboard to avoid issues at the end of the month.



ESRD Community of Practice

Do you follow a data entry schedule (cont.)?



- To expedite the completion of the CMS-2728 Form, I:
 - Call hospitals and case manager/floor nurses.
 - Request medical records, if available, prior to when the patient starts at our facility.
- To expedite the completion of the CMS-2746 Form, I:
 - Contact family, emergency contacts, and funeral homes, if a patient misses one treatment.

ESRD Community of Practice

Do you have a process in place to educate new staff?

- Our Facility Administrator and I both have Security Official and End User roles in EQRS.
- We appoint a person (myself) to work closely with new users to provide training and answer questions.
- During training, we schedule time to focus on a specific event in EQRS/CROWNWeb. These system walkthroughs include:
 - Admitting and discharging patients.
 - Finding data submission requirements that could generate alerts.

ESRD Community of Practice

Have you developed job aides or access specific items to help you with your data reporting efforts?

- I have found that holding the walkthrough on each event (i.e., admit and discharging patients, entering clinical data, completing CMS Forms) helps new users.
- I also created a sheet with important links, and contact information for our local ESRD Network.

ESRD Community of Practice

What is something you would like to share with the group that has assisted your data reporting efforts?

- Take the initiative.
- Do not wait to initiate forms or reviewing patient census and data.
- Give yourself more time to resolve any specific issues, obtain information, and get the physicians to complete their part.
- It is a win-win when deadlines are met, users get more time for other tasks, and facilities score well.



ESRD Community of Practice: Alli Bailey

Introducing Alli Bailey

Introduction:

- Name: Alli Bailey

Current Role:

- Title: Health Information Specialist
- Organization: Midwest Kidney Network (ESRD Network 11) – covering Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin



Previous Role:

- Title: Facility Administrator Assistant, Regional CROWNWeb Lead, and Regional Administrative Assistant
- Facility: DaVita Minneapolis Dialysis in Minneapolis, Minnesota

Introducing Alli Bailey

EQRS/CROWNWeb System Usage:

- Years Using EQRS/CROWNWeb: Five and a half

Facility-Level:

- Data Submission Method: Batch
- Number of Facilities Supported: 13
- Total Number of Patients: 120

Network-Level:

- Data Submission Method: Manual
- Number of Facilities Supporting: 517 dialysis facilities and 21 transplant centers
- Total Number of Patients: 29,849 dialysis patients; 21,795 transplant patients

ESRD Community of Practice

How often did you use EQRS/CROWNWeb at the facility-level?

- Several times throughout the week.

What screens did you access most at the facility-level and why?

- I found PART to be useful for quickly viewing patient details.
- I referenced my facility's EQRS Facility Dashboard at every log in to help keep me on track with CMS Form completions.

ESRD Community of Practice

Did you follow a data entry schedule as a facility-level user?



- I completed PART verification within the first five days of the month, bi-weekly thereafter, and once more prior to the end of the month.
- As a batch submitting organization/facility, I followed a strict data entry schedule.
 - For example, I began clinical data entry in CROWNWeb after the last batch submission of the month, which typically occurred around the 25th day.

ESRD Community of Practice

Did you implement a process that improved data reporting efforts?

- After the last batch submission, I relied heavily on verifying the Clinical Data section of CROWNWeb for any missing Hemodialysis, Peritoneal, or Vascular data.
- I always completed another PART verification on the day of clinical data closure.
 - I did this to ensure that there were no patients, admitted via batch at the last minute, who might still need data entered.

ESRD Community of Practice

Did you implement a process that improved data reporting efforts (cont.)?

- I then checked the “*With Saved Clinical Values*” and “*Without Clinical Values*” options on the Clinical screen.
 - It is critical to check both options, in case a patient moves from one submission status to another.

ESRD Community of Practice

As an ESRD Network staff member, do you have a process in place to educate EQRS/CROWNWeb users?

- We encourage all facility-level users to call the ESRD Network for support.
- Users are then able to speak with a CROWNWeb specialist who can triage technical issues or reinforce training.
- The ESRD Networks can assist with wide variety of CROWNWeb issues that a user may experience such as:
 - Resolving Notifications, System Discharges, and Duplicate Patient errors.
 - Completing the CMS-2744 Annual Facility Survey.

ESRD Community of Practice

Have you developed job aides or accessed specific items that could help EQRS users with their data reporting efforts?

- Midwest Kidney Network has several job aides that are available to all EQRS/CROWNWeb users. A few job aide topics include:
 - CMS-2744 Mid-Year Check List
 - PART Verification FAQ
 - How To Complete Notifications & Accretions
 - The Importance of Patient Attributes
- All job aides can be found on the Midwest Kidney Network website via <http://midwestkidneynetwork.org/>.

ESRD Community of Practice



Annual Facility Survey/CMS 2744 Mid-Year Check List

Midwest Kidney Network (Renal Network 11) recommends following the checklist below to keep your patient and facility records up to date in CROWNWeb in preparation for the annual CMS 2744.

Patient Attributes

Vocational Rehabilitation

- Enter a Vocational Rehabilitation status for the **current** treatment year
 - You may want to work with your facility SW to verify the patient's status

Medicare Status

- Ensure each patient has one of the following options selected: *No Medicare Coverage, Medicare Application Pending, or Currently Enrolled in Medicare Coverage*

Citizenship

- Select a Citizenship status one time for every patient

CROWNWeb Dashboard/Action List

System Discharges

- Clear all System Discharges, contact Midwest Kidney Network for assistance

Notifications

- Make any necessary patient treatment or attribute corrections as indicated

2728 and 2746 Forms

- Submit any overdue 2728 forms (*to be completed within 10 business days of a patient's initial treatment, but completed no later than 45 days*)
- Submit any overdue 2746 forms (*to be completed within 14 days of a patient's death*)

PART – due monthly (at a minimum)

- Verify the patient's name, admit/discharge date, transient status (if applicable), and physician for accuracy and make corrections as needed

Please feel free to contact Midwest Kidney Network with any questions at (651) 644-9877.

Updated: July 2020



CROWNWeb PART Verification FAQ

CROWNWeb Data Management Guidelines recommend completing the PART Verification on all patients at least once every 30 days.

What is PART Verification?

- PART stands for Patient Attributes and Related Treatments
- The PART Verification is a review of each patient's attributes, admit/discharge dates, treatment information, transient status (if applicable), and physician

Why is PART Verification important?

- Completing your facility's PART at least once every 30 days will ensure that all patients (permanent and transient) are accounted for in CROWNWeb and that no patients are missing from your facility's census
- PART Verification will reduce the number of errors within the CROWNWeb registry, which can assist you in having an error free Annual Facility Survey/CMS 2744

What should you do if a patient is missing from your facility's PART?

- For batch submitting facilities, all patients should show on your PART as a function of the batch. If a patient is still missing from your facility's PART, you can manually admit the patient in CROWNWeb, via the *Admit Patient* link.
- For non-batch submitting facilities, you may manually admit patients at any time

Helpful tips for PART Verification:

- You may want to use your facility's admission and discharge reports each month to verify accurate treatment dates. **If an admit or discharge date is off by even one day, this can impact monthly clinical data entry and CMS 2744 accuracy.**
- If you have a patient who should not be on your PART, you can manually discharge the patient, as of their last day of treatment.

Please feel free to contact Midwest Kidney Network with any questions at (651) 644-9877.

Updated: July 2020

ESRD Community of Practice

What is something you would like to share with the group that assisted your data reporting efforts at the facility and/or feedback from a Network-staff's perspective?

- Contact your ESRD Networks!
- Reach out to the ESRD Network for support if you are experiencing an issue or confusion with EQRS/CROWNWeb.
- Most questions are answered with a brief phone call to the ESRD Networks' support teams.
- The ESRD Networks' primary focus is to provide unyielding support to all EQRS/CROWNWeb users and facilities.
- The ESRD Networks are here to help you!

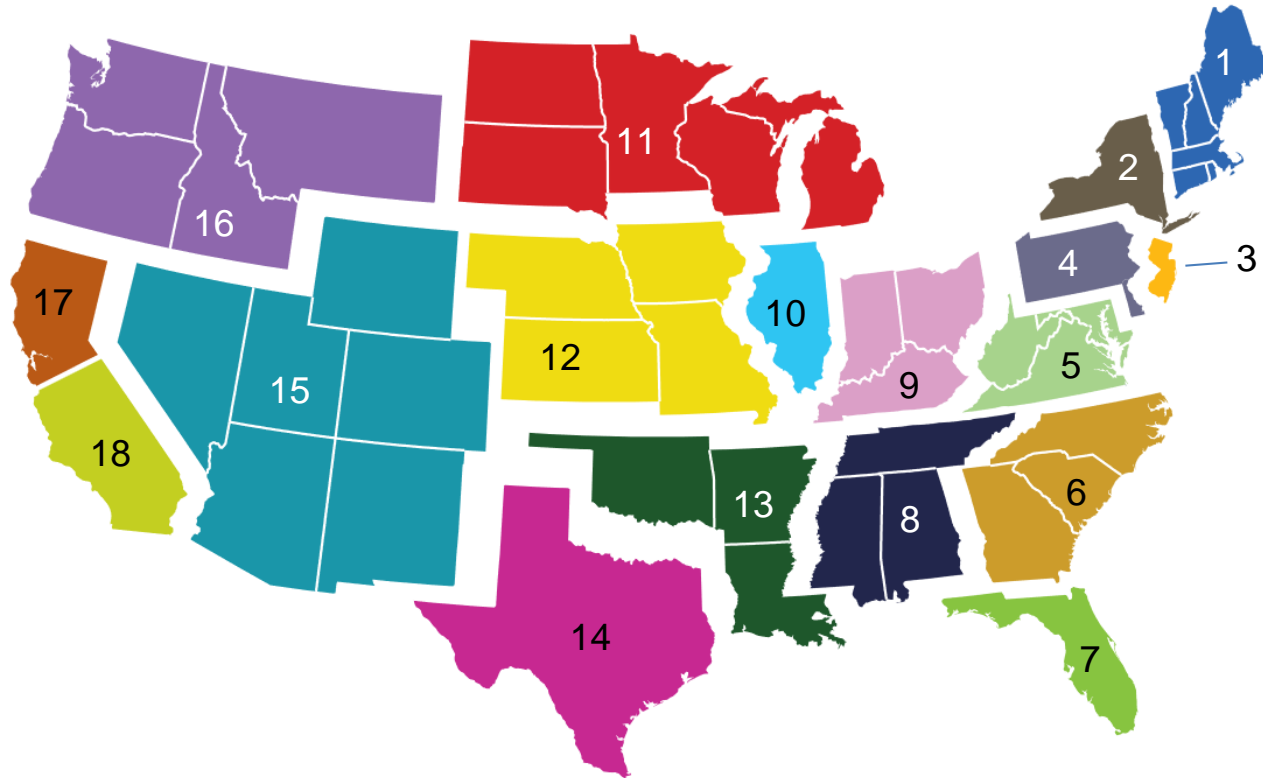


ESRD Network Organizations

What is the ESRD Network Program?

- An ESRD Network is defined in the *Code of Federal Regulations (CFR)*, at [42 CFR Part 405, Subpart U](#) as all Medicare-approved ESRD facilities in a designated geographic area specified by CMS.
- There are currently 18 ESRD Network Organizations across the United States and in the territories of the United States.
- ESRD Networks assist with tasks, such as:
 - Encouraging, consistent with sound medical practice
 - Assessing the appropriateness of patients for proposed treatment modalities
 - Evaluating and resolving patient grievances
 - Developing quality improvement activities
 - Providing facilities with technical EQRS assistance

ESRD Network Map



ESRD Network	
1	CT, MA, ME, NH, RI, VT
2	NY
3	NJ, PR, VI
4	DE, PA
5	DC, MD, VA, WV
6	GA, NC, SC
7	FL
8	AL, MS, TN
9	IN, KY, OH
10	IL
11	MI, MN, ND, SD, WI
12	IA, KS, MO, NE
13	AR, LA, OK
14	TX
15	AZ, CO, NV, NM, UT, WY
16	AK, ID, MT, OR, WA
17	AS, GU, HI, MP, N. CA
18	S. CA

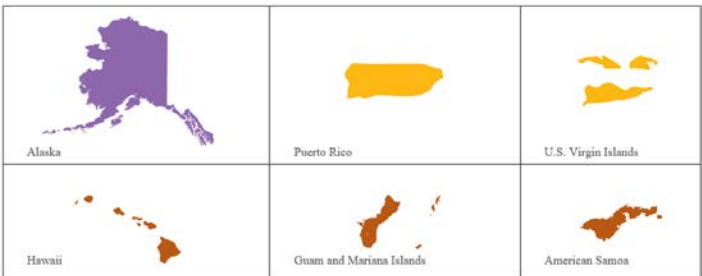


Photo courtesy of The ESRD National Coordinating Center
<https://esrdncc.org/en/ESRD-network-map/>



ESRD Deep Dive: Patient Admit/Discharge Guidance

EQRS System Updates

- CMS is targeting release of EQRS on November 9, 2020.
- November 2020 release = minimum viable product (MVP)
- Roles and functionality from CMS's legacy applications – REMIS, ESRD QIP, and CROWNWeb – will be incorporated into EQRS.
- Prior to adding a feature into EQRS, CMS:
 - Conducts user research to identify the feature's purpose
 - Reviews usage and design
- **With improved data quality and accuracy in mind, the November 2020 release will not include CROWNWeb's "Transient" patient admission status.**

Defining Transient Patients

- Transient patients are defined as:
 - Patients who are expected to be managed by a facility for 13 treatments or fewer, or 30 days or less.
- Historically, CROWNWeb users completed the following:
 - Admitted transient patients for temporary treatments.
 - Discharged transient patients, once they return to their permanent facility or transfer to another facility.

Supporting the Transition

- In preparation of this transition, CMS asks that users stop admitting patients as “Transient” in CROWNWeb effective **September 30, 2020**.
- Admit patients who will be at their facilities for more than 13 treatments, or beyond 30 days.
- **NOTE:** Increase quality improvement awareness of temporary patients to ensure that they are attributed to the appropriate facility.

Follow the scenarios outlined in the next slides to support current admits/discharges in EQRS.

EQRS Patient Admission: Scenario 1

Scenario	A patient has been treating at Clinic A for three years. The patient goes to Florida for a week on vacation and receives treatment at Clinic B.
Expectation	Clinic A leaves the patient as its permanent patient the entire time. Clinic B does not admit the patient in EQRS. Clinic A is expected to report clinical data.

EQRS Patient Admission: Scenario 2

Scenario	A patient has been treating at Clinic 123 for over a year. The patient goes to the hospital and is expected to be there for only two weeks, but it ends up being six weeks.
Expectation	Clinic 123 discharges the patient as of the last treatment date as “Transfer → Hospital” and readmits the patient as a permanent “Transfer In” upon his/her return.

EQRS Patient Admission: Scenario 3a

Scenario	<p>A patient is treating as in-center hemodialysis (ICHD) at Clinic XYZ and is changing to a peritoneal dialysis (PD) modality at Clinic 456.</p> <p>Patient Completes Training</p>
Expectation	<p>Clinic 456 admits the patient as a permanent patient as of the start of PD Training. Clinic XYZ discharges the patient the date of last treatment. If the patient needs additional ICHD treatments, Clinic XYZ does not admit the patient in EQRS.</p>

EQRS Patient Admission: Scenario 3b

Scenario	<p>A patient is treating as ICHD at Clinic XYZ and is changing to a PD modality at Clinic 456.</p> <p>Patient <u>DOES NOT</u> Complete Training</p>
Expectation	<p>Clinic 456 admits the patient as a permanent patient as of the start of PD Training. Clinic XYZ discharges the patient the date of last treatment. If the patient needs additional ICHD treatments, Clinic XYZ does not admit the patient in EQRS. When a decision is made to permanently return to ICHD, Clinic 456 admits the patient as of the first treatment post the training failure decision.</p>

EQRS Patient Admission: Scenario 4a

Scenario	<p>A patient has been treating at Clinic 876 and receives a transplant on 3/4/2020.</p> <p>Successful Transplant</p>
Expectation	<p>Clinic 876 discharges the patient as “Transplant in US” as of the last treatment before 3/4/2020. Transplant Center A admits the patient as of 3/4/2020. If patient needs temporary dialysis in support of transplant, Clinic 876 does not admit the patient in EQRS.</p>

EQRS Patient Admission: Scenario 4b

Scenario	<p>A patient has been treating at Clinic 876 and receives a transplant on 3/4/2020.</p> <p>Unsuccessful Transplant</p>
Expectation	<p>Clinic 876 discharges the patient as “Transplant in US” as of the last treatment before 3/4/2020. Transplant Center A admits the patient as of 3/4/2020. If patient needs temporary dialysis in support of transplant, Clinic 876 does not admit the patient in EQRS. The transplant is declared failed on 4/2/2020. Transplant Center A discharges the patient as of 4/2/2020. The Clinic admitting the patient admits him/her as of the first treatment date.</p>

EQRS Patient Admission: Scenario 5

Scenario	A patient is treating at Facility B but has an extra treatment each week at Facility C and this will continue >30 days.
Expectation	Facility C does not admit the patient. The patient's admission remains at Facility B.

EQRS Patient Admission: Scenario 6

Scenario	A patient always travels the country due to work. The patient stops at multiple units per month but none >30 days.
Expectation	The patient is not admitted to EQRS at any of the clinics.

EQRS Patient Admission: Scenario 7a

Scenario	<p>A patient is a permanent ICH patient in Clinic 765. On 5/8/20, the patient goes to visit his/her son for three weeks in another city and receives treatments at Clinic 432.</p> <p>Patient Returns Within 3 Weeks</p>
Expectation	<p>The patient remains admitted to Clinic 765. Clinic 432 does not admit the patient in EQRS.</p>

EQRS Patient Admission: Scenario 7b

Scenario	<p>A patient is a permanent ICH patient in Clinic 765. On 5/8/20, the patient goes to visit his/her son for three weeks in another city and receives treatments at Clinic 432.</p> <p>Patient Stays Longer Than 30 Days</p>
Expectation	<p>Clinic 765 discharges the patient on 5/7/20. Clinic 432 enters an admission with admit date 5/8/20. The patient returns to Clinic 765 on 6/20/20. Clinic 432 discharges the patient as of the last treatment before 6/20/20. Clinic 765 admits the patient on 6/20/20.</p>

EQRS Patient Admission: Scenario 8

Scenario	<p>A patient is a permanent ICH patient in Clinic 246. On 6/10/20, the patient goes to Clinic 135 for temporary treatments and intends to return to his/her permanent facility in one week. However, on 6/25/20, the patient decides to transfer permanently to Clinic 135.</p>
Expectation	<p>Clinic 246 would discharge the patient as of the last treatment before 6/10/20. Clinic 135 would admit the patient with a date of 6/10/20.</p>

EQRS Patient Admission Summary

- Admit patients who will be at their facilities for more than 13 treatments, or beyond 30 days.
- Whichever clinic treated a patient for 13 or more treatments during the month is responsible for submitting clinical data.
- If a patient is admitted to Facility A as a permanent patient, but expires within 30 days of the admit, since the intent was permanent, Facility A should still admit the patient, and is responsible for the CMS-2746 Form.
- Admit Reason: A patient admitted as New ESRD, Dialysis after Transplant Failed, Restart or Transplant needs to be admitted to the facility regardless of the timeframe.



ESRD Deep Dive: PART Verification Removal

What is PART?

- PART:
 - Set of patient personal information and treatment history
 - Data obtained from the following CROWNWeb screens:
 - Admit/Discharge
 - Patient Attributes
 - Dialysis Treatment Information
- PART is currently used to verify the following every 30 days:
 - Admit/discharge status (including Transient status)
 - Current treatment information
 - Current attending physician
- CROWNWeb users are required to verify PART data by the 5th business day of each month.

PART Verification Removal

- PART verification will be removed in EQRS to reduce users' data reporting requirements.

What does this mean?

- Users should be very diligent in completing PART verification until the launch of EQRS, currently targeted for November 9, 2020, to ensure accurate ESRD patient data is migrated to EQRS.
- Manual PART verification requirements will not be included in EQRS.

EQRS User Research

- EQRS User Research uses a Human-Centered Design (HCD) approach to collect feedback from end users, through various methods.
- Participate in EQRS User Research:
 - Who can participate?
 - All users, regardless of role are welcomed to volunteer (i.e., Facility Managers, Quality Managers, Data Analysts, Corporate Staff, IT Staff, etc.).
 - To volunteer and get more information on EQRS System Research, please email the EQRS System Design Team at EQRSUserResearch@cms.hhs.gov.

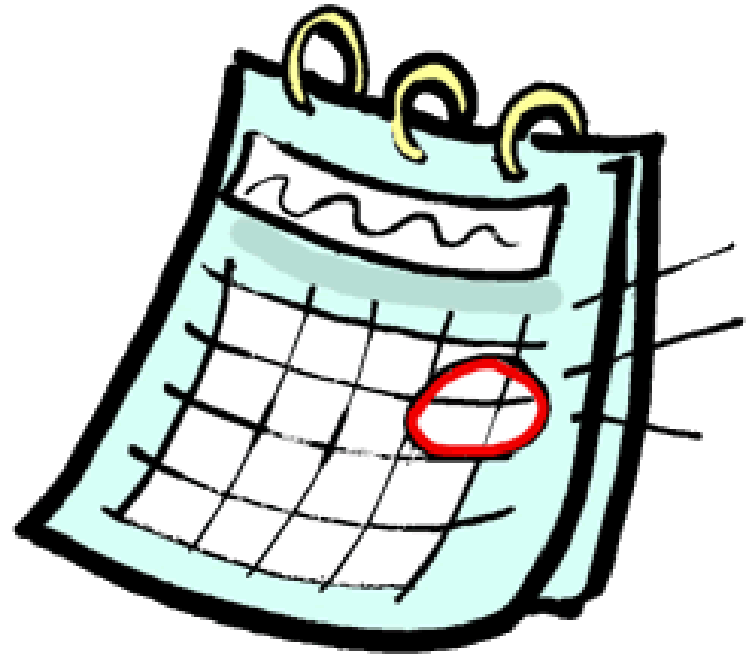
Questions



Thanks for Attending!

**Our next Town Hall
Event will be held on
October 29, 2020.**

Time: 2 PM – 3 PM ET



For Further Information...

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

Website: <http://www.MyCROWNWeb.org>

QualityNet Service Desk: 1-866-288-8912

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

ESRD QIP Questions: [ESRD QIP ServiceNow Q&A Tool](#)

EQRS User Research: EQRSUserResearch@cms.hhs.gov

ESRD Network Map: <https://esrdncc.org/en/ESRD-network-map/>

An evaluation 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!