



# Outpatient Quality Program Systems and Stakeholder Support Team

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## March 2021 Town Hall

### Presentation Transcript

#### **Moderator:**

Renee Parks, RN, BSN  
Project Director, OQR

#### **Speaker(s):**

Keely Lenoir, BS  
Riquelen Ngumezi, MSW, LCSW  
Sara Eve Schaeffer, MBA, MA, RD  
Dianna Christensen, BS

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**Renee Parks:**

Hello, everyone. Thank you for joining us today on a Town Hall event. We do want to remind everyone that this event is being recorded. Recording will be posted within 11 business days on the event page of [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org) website, the same location as you registered for this event. We do have slides available currently should you need them. Just go to MyCROWNWeb.org and click on today's event. We also have closed captioning available for this event. If you need this resource, please reach out to us in the chat box and make sure you are provided the necessary information and links. Next slide. Just to cover some general housekeeping items, the presentation today is streaming audio through your computer through Global Meet. If you are having issues, there are a limited amount of phone lines available and you can just message us in the chat box, and we will get that number to you. If your audio is breaking up, press the "F5" key on your computer or refresh button, as you can see here demonstrated here on this slide. Next slide. If you are hearing an echo, this is likely caused by having multiple browsers open for the same event. So, you are hearing audio being streamed for each of those open events. Just look at the top of your browser tab and make sure you only have one event listed at the top, as shown here on this slide. Next slide. The last thing I want to cover is asking a question. We want to have real-time interaction with you, so if you do have a question, use the "Ask a Question" feature on your screen, and one of our subject matter experts will respond. On occasion, there will be questions asked that will remain requiring further research beyond the scope of today's call. We will direct that question to—we ask that you will—we will direct that question, and it will be entered in the mailbox. So again, if your question does not get answered today, please submit your question to CRAFT inbox at [CRAFT@mycrownweb.org](mailto:CRAFT@mycrownweb.org). Next slide please.

Before we get started let me introduce myself. I am Renee Parks and will be your virtual host for today. I will be the moderator and we will move forward with this presentation. So let's get started. Next slide, please. With us today, we also have as subject matter experts, Keely Lenoir, the Kidney Community Emergency Response (KCER) manager, and also Riquelen Ngumezi, a coordinator with KCER. Next slide, please. Additionally, today we have with us Sara Eve Schaeffer, the executive director for the ESRD National Coordinating Center, or the NCC. Along with her, we also have Dianna Christensen, director of data management with the NCC. Next slide, please. Today we will be covering some of these very important topics. I will be going over some of it, including the latest ESRD announcements, and also the experts from the KCER and NCC to discuss important information that will follow these announcements. Next slide, please.

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As most of you are aware CMS has sent communications related to some of the challenges being experienced with EQRS. Next slide. CMS is aware of these challenges with submitting data into the EQRS application that went live on November of last year. They are committed to ensuring the accuracy and reliability of these data. CMS will continue to monitor and assess its systems for any issues on an ongoing basis as part of the continuous process improvement, and to ensure reliability and data integrity. Next slide, please. In support of these challenges, and to reduce any burden, CMS sent out a suspension announcement. CMS suspended EQRS clinical data effective—this went out January 29, 2021. This suspension includes clinical data, ICH CAHPS®, attestation and clinical depression, and follow-up plan submission. Users should not send or submit data as it relates to these items, as this data submission suspension remains in place until further direction from CMS is provided. Next slide, please. To further clarify closure suspension, you can see that September, October, November, and December of calendar year 2020, as well as January 2021 clinical month are currently suspended until further notice. These updates are—they are updates in the system being made. However, again for clinical data, ICH CAHPS®, and clinical depression, these months remain suspended. Next slide, please. Here, we are reiterating what was covered on the previous slide. On the facility dashboard, submission deadlines will be updated as needed. Impacted clinical months will be re-opened to allow data reporting once data submissions resumes. Facilities must continue to gather and maintain patients' clinical data and plan to provide all necessary data once the data reporting resumes. CMS will provide updated information on submission requirements and deadlines in the near future. Next slide, please.

So we have talked about the suspension, this applies to clinical data, ICH CAHPS®, and attestations. However, users must continue to use EQRS to complete other tasks, such as the admission and discharge of patients, completion of the CMS 2728, 2746, and 2744 forms. “Add an Update” details the treatments screens of patients, resolve accretions, and update facility details. Please make certain that you keep up with these tasks. Most recently CMS sent out a memo on Thursday, March 18th, to announce the modification process update for these forms, such as the 2728 and 2746, specifically how to manage these forms. The new process is posted and if you need to review that, it is posted on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org). As stated in that memo, that a new standard for modifying forms became effective March 22, 2021. Once you identify that an update must be made with this new process, the modification request needs to be made within five business days of submitting the form. And if the request is made after five business days, the only field then that can be updated or modified is field 23, which is the “date regular chronic dialysis began.” That is because it impacts the patient's coverage. If

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modifications do not meet the criteria above, then your request will be denied. You will receive a notification from the Service Center that your request has either been denied or escalated. So, that is the latest update of the announcement from CMS. Next slide, please. Okay.

Now we have talked about all of the announcements, so let's turn our attention to the real reason that you came today: the presentation. For this presentation, we will start off with the Kidney Community Emergency Response (KCER) program. Once KCER concludes their portion, that will be followed by the National Coordinating Center or the NCC's presentation, to be followed by a question and answer session. Without further ado, I would like to turn the presentation over to Keely.

**Keely Lenoir:**

Yes. Thank you, Renee, I just want to check and make sure you can hear me. Thank you again, Renee, for allowing the Kidney Community Emergency Response program to participate in today's Town Hall meeting. Next slide, please. I would like to introduce you to our KCER team members. My name is Keely Lenoir and I'm the manager of the KCER program. Our KCER coordinators are Beverly Whittet and Riquelen Ngumezi. You'll be hearing from Riquelen here in a couple minutes. And Jerome Bailey serves as the KCER communications coordinator. Next slide.

So to give you a little background on KCER, it plays a leadership and coordinating role at national level for the Centers for Medicaid & Medicare Services (CMS) for the ESRD program in disaster situations. We also serve as the centralized coordination point for the ESRD community to ensure continuing care and access to services for dialysis patients during all phases of a disaster and emergencies—so before, during, or after any emergency or disaster situation. Our primary mission is to develop, manage, and maintain a coordinated preparedness and response program for the kidney community and ensure coordinated access to and continuity of care and services for dialysis patients. We collaborate with our partners to develop, implement, and maintain a coordinated emergency and disaster preparedness and response infrastructure for the kidney community. As the KCER contractor, we function as the leading authority on emergency preparedness for the kidney community, and we do that by providing resources and guidance to address the needs of emergency management officials and the ESRD community nationwide. Next slide, please. So during response, KCER is ultimately here to provide technical assistance and support to the ESRD networks, the providers, patients, and other stakeholder groups during an emergency situation. We bring together all of the impacted stakeholder groups to coordinate and organize response to the situation, and again,

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that's to ensure that our patients continue to have access to the care that they need throughout the duration of the disaster.

KCER also works to incorporate the patient's voice into all of our program's activities, and within the emergency community as a whole. We have a group of nearly 30 ESRD patients and family members from all across the country that are part of our national KCER Patient and Family Engagement (K-PFE) Learning and Action Network (LAN). This group of volunteers meets on a bi-monthly basis to discuss emergency and disaster preparedness and response for the ESRD population, and to really to ensure that we incorporate the patient's perspective into all our work. This group has done some amazing work over the years and I do encourage all of you to take [a look] at the KCER website, which you'll see a link to that in one of the slides towards the end. Just take a look and view some of the resources that this group has been really instrumental in creating. KCER provides support to all 18 ESRD networks, which includes all 50 U.S. states and the U.S. territories: American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands. You can visit the website for access to an interactive map that is similar to this one that you see on the screen. Next slide.

So, as I previously stated, KCER really serves as a centralized coordination point for the ESRD community during disasters and emergencies. I'm not going to read through this list verbatim but you'll see on the slide that we work with a large group of stakeholders and partners during all phases of disaster response and preparedness. Our team coordinates KCER status calls in response to major events where national, federal, state, and local partners can discuss concerns and unmet needs, and then work together to address those needs, and ultimately work to ensure that patients continue to have access to treatment. Next slide. Okay. I am now going to turn things over to Riquelen to cover the next portion of our presentation. Riquelen.

**Riquelen Ngumezi:** Thank you, Keely. As Keely mentioned, part of that collaboration includes updated reporting to Networks, KCER, and CMS, and keeping your patient and facility information updated in EQRS, or the ESRD Quality and Reporting System, is critical to emergency management because a disaster can happen at any time and with little warning. Over the next few slides I'll review the information you may need that can be found in EQRS. The top of the Facility Summary screen provides facility contact information. Please remember to update this if your facility relocates or changes phone numbers. Next slide, please. The middle of the screen reflects services offered. Please ensure you update this if you add more stations or new modalities, like a home program. The bottom of the screen includes your hours of operation. It's important that we know what days

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the facility is open or if you've extended your hours—for example, to include a nocturnal program. Otherwise, we have no way of knowing if a facility is truly closed or may be unable to respond. Please remember to have recorded an outgoing message on the facility landline with information to direct patients if your facility is closed due to incident or disaster. This area also contains back-up facility designation, which is required under the CMS emergency prep role. Next slide, please.

Personnel screen. Please check your personnel screen to ensure that it is current. It's easy to forget to update this information when you get staff changes. Again, you never know when an emergency will happen. Up-to-date personnel information assures that the correct person is contacted at each facility. For the ESRD management guidelines, this should be verified at least quarterly. Next slide, please. Patient Attributes. Think of the patient attributes as the patient's contact info. The physical addresses where they live may be different than their mailing address, and this is especially relevant if they are homeless. Remember to update EQRS with patient's new phone numbers or e-mail. You may consider setting a reminder into your existing process or workflow to ensure this is not forgotten. Having the patient's information up to date helps locate before, during, and after a disaster. Next slide please. This is a capture of the patient information screen. In addition to locating a patient, having the correct contact info helps finding facility closest to patient. It is important to enter patients into EQRS as soon as possible. During disaster this helps verify patient counts or displacements. Next slide, please. Treatment screen. The treatment modality information used on this screen is useful when trying to find a new location for the patient to receive treatment. Next slide, please.

The 2728 forms. Once a patient is admitted to a facility, users are able to submit and view the submitted 2728 form, which is helpful if a patient is not able to fully communicate with staff and has other issues. For instance, co-morbid conditions may be helpful to admitting facilities. The 2728 also has additional information that may be helpful. As you can see, it's very important to keep EQRS as up to date as soon as possible. Follow the data management guidelines for exact time frames. Admit patients as soon as possible within five days of first treatment. Ensure patient contact info is current and update the patient attributes screen. Complete and submit the 2728 forms within ten business days of the date regular chronic dialysis began, but no later than 45 days. A patient roster report provides a list of all patients receiving treatment at your facility during the selected date range. Run that report at least once a month. Running a patient roster report before, during, and after a disaster will ensure that the facility has complete list of all patients. If you have issues with a patient roster report or patient events report, you may contact your Network data manager or try to extract the report during end of the work day. Perform checks and

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balances. Monitor your facility dashboard at least weekly, and of course, comply with EQRS reminders and join the EQRS training and Town Halls. Thank you. Next slide for Keely, please.

**Keely Lenoir:**

Thank you Riquelen. So one of the functions of KCER is to work with the impacted ESRD network to track facility operational status and needs during disaster response, and this includes open-close and altered schedule. We do this with working with the impacted ESRD networks and several large dialysis organizations to collect an emergency situational status report, or ESSR, for all of the impacted facilities. These ESSR reports are prepared by the Network, and facilities are required to report your facility status changes to your Networks. Then, those reports are vetted and submitted to CMS by KCER. These ESSR reports are a vital resource for response purposes at a national level. They do assist CMS and HHS with coordinating resources and providing assistance to the impacted areas. Next slide.

So, this is a snapshot of the information that is collected on the ESSR reports. Facility demographic information, facility operational status, and other vital information such as generator status, water status, and un-met needs are also reported. There may be additional information that is required based on the type of the event or severity of the event. Next slide, please. So, KCER also prepares and submits incident reports to CMS related to any major disaster or emergency. The report depicted here on the screen was from February Winter storm and these storms had a severe impact on dialysis services in Texas and the southern and central Plains regions. These incident reports, along with the ESSR reports, again, provide vital information during response during a disaster. So, how can you get involved? Most importantly, as Riquelen stated, please keep your EQRS information up to date. Having up-to-date information is crucial during a disaster. When information is outdated or incorrect, we can lose vital time trying to track down the correct information and it can really hinder response efforts. If you're interested in working with the KCER team, you can volunteer as a leadership committee member or subject matter expert, and you may be called upon to support disaster response efforts, or to assist with resource development, or to support the development of educational opportunities for dialysis patients and providers related to emergency preparedness. We are also always looking for new members for our national KCER patient and family engagement network, so please encourage patients to join if they are interested in supporting emergency and disaster preparedness efforts for the ESRD community. So, disaster preparedness education is not one of those sort of "one-and-done" processes—patients and staff really need to be continually educated for preparing for disasters or emergencies. You can be an advocate and participate in different national preparedness and response

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campaigns and improvement activities at your facility. On the same line, you can serve as an emergency preparedness mentor for other dialysis staff at your facility. Our team is really always available and will assist you with locating resources or supporting local trainings and exercises. You can find a wealth of resources on the KCER website, as well as receive ongoing updates through the KCER Twitter and Facebook accounts. So, again, I would like to say thank you to everyone for joining us today and for allowing KCER to provide you with an overview of our KCER program and how EQRS is used during disaster response. And with that, you can go to the next slide, and I will turn things over to Sara and Diana with the ESRD National Coordinating Center.

**Sara Eve Schaeffer:** Thank you, Keely. This is Sara Eve, and Diana will also be presenting on behalf of [the] NCC. I will get started. Next slide, please. So, if you aren't familiar with [the] NCC, we provide coordination and support for common goals across the 18 ESRD Networks. We work closely with [the] CMS Division of Kidney Care. An overview of the NCC is we serve as a single communication point for increased efficiency of all the work that's really being done across the country. We have an opportunity to funnel that in into one voice and into [a] collection of resources. This reduces redundancies and best practices across should you want these, and facilitates [the] patient's voice—so, from [the] Network level and also patient and family engagement subject matter experts involved in our work. We distribute lessons learned, new guidance, and educational resources through the Networks newsletter. We do WebEx and a whole host of patient and provider resources that are available on the NCC Web site. We respond to Networks identified needs to problem solve and create resources and programs that meet patient and provider needs. We take a lot of feedback that comes directly from the facilities through the Networks through the NCC to help guide national and resources that apply to some specific situation that are encountered in different service areas. And then use that to: inform quality improvement activities; Mitigate the COVID-19 pandemic and formulate resources to that; Reduce disparities that are seen across the Network service area. Next slide please.

A little more specifically, we do foster patient and family engagement at a national level. We do that in a number of ways. Have our own payment and family subject matter experts involved in a number of our tasks that we create and are created by patients for patients. We incorporate into the CMS patient track. We develop and implement programs that might be of interest at this level or the national peer mentoring program. And then have the ESRD patient mobile tool, which has access to a lot of resources in very important and relevant topics, such as transplantation, home dialysis, COVID-19, mental health, and well being, with a focus on increasing access transplant, and home dialysis. We do this through a

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number of fronts and through a number of different programs and working closely with CMS. Tracking practices toward the advance ... in advancing American kidney health. Again, we support the COVID-19 mitigation response through resources and education. We do write a Network summary annual report. It is an overview of all the activities and progress the Networks have made throughout the country in the past year. And we also produce a new ESRD patient education and orientation packet, which I'll talk about in a few minutes. Diana.

**Dianna Christensen:** Thank you. Next slide. So, today we're going to talk a little bit about data. Data comes in from facilities' EDI group to the EQRS system. The NCC accesses that data and then parcels that information to CMS, KCER, ESRD Networks, and also the community based on CMS needs. I'm not going to read through every bullet point, but some of the elements we use for CMS is related to COVID-19 mitigation strategies. And for Networks this year, more than any other year, we provided information to the reports. Getting that information to facilities. Also assist reporting for quality improvement activities. And then for community data use, it can be related to any publications, research, or we also do the data work for the Network annual summary. Alright. We're going to talk a little bit about our dashboard. We do two different dashboards. First, one [that the] NCC provides [is the] ESRD Tableau dashboard. There is a lot of data [that] comes in. It's important to have accurate and up-to-date information. The KCER dashboard provides information to COVID-positive patients and staff, facility-level maps, emerging COVID-positive maps, county risk-level maps, doubling time within that. [We] can even identify hot spot information related to COVID spikes.

The one that we're going to dive into a little bit more is going to be the ESRD NCC dashboard. This provides information for the Networks for quality improvement activities, demographics, estimated cost savings, and also the LDO dashboards. Alright. This slide we're going to go to—quite a bit going on here—but the ESRD dashboards provide for the activities. Represents results for each of the—includes bar graphs, line graphs, chart graphs. I do see a ton of combinations on the screen here. We can look at it between Networks, look at it national[ly]. It reflects toward meeting the goal. Compare QIA data and ESRD service area against national trends. So, some of the area, that is, we actually support for the QIA, is semiannual: Decrease in ESRD related hospitalizations, health information exchange membership, home dialysis, NHS training, peer mentoring, PFE network attributes, vascular access, vocational rehab. That's just one of many within the QIA portions. Other avenues or links within the dashboards we have—we do Network performance on long-term catheters, estimated cost savings, performance—as I mentioned before related to national trends.

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We're going to look a little bit at the program demographics. So, as you're looking at the screen here, this shows overall program demographics for the ESRD population. And the right-hand corner you see a line of ESRD patient populations. It's showing the different patients that are actually entered or within the ESRD system. So, as of the date shown, and this is shown with actual data, we had 755,023 patients. And then, also break it down underneath. There is a bar underneath that talks about total number of ESRD patients. Those who are at home, which are 74,624 and then those transplanting at 237,475. Within that, we also show the facilities we have 7,734 facilities and 223 transplant facilities. If you take a look to the left of it, we can even break it down [further] or even break it down by EDI submitting organizations. So, we have DaVita, FKC, DCI, and others include NRAA and independents. Middle of the page shows CMS goals if in between that and patient demographics. And on the screen right now, you're seeing breakdown of the age group. If you look to right of it, we're looking at it based on age. So, as you see for the ESRD population, the age groups tend to fall with the most population between 55 and 64, and then 65 and 74. If we did the drop-down arrow, then it would be 80 percent remaining as unknown category. Also, [you] can look at it based off facility location. Urban facilities account for 95 percent and rural account for five percent of the population. If we look at gender, male is 58 percent and female is 42 percent of the overall ESRD population. And then, finally the one we want to look at, race for the ESRD population break its down: African American about 29 percent, Asian population about five percent, multi-race at .38 percent, Native American at one percent, Pacific Islander about 1.4 percent, Unknown (meaning the patient did not specify the race) as one percent, and White population is 62 percent. Again, this is just a small snippet of what we're showing on overall dashboards, multiple tabs, and items. I thought this would be of interest to show you [the] overall ESRD population as of October of 2020. Alright.

Interested in 2744 support? Data team produced several queries for 2744 for the Networks as well as EDI submitters. We submit these reports on a daily basis. From those reports, we have ten reports, that is, we actually submit. They have the names and accounts behind fields one, two, and three on the 2744 module itself that: transplant information, eligibility information, rehab. Also, has table from working report and patient roster report combined with different elements. So, we take these reports and send them daily to the ESRD Networks and EDIs to help assist them in assisting the facilities to be able to complete their 2744 forms. Next slide, please. Alright.

This is kind of just a highlight of our priorities. We just completed, like I mentioned during the 2744s, we do produce those on a daily [basis] for the Networks and facilities. The data team also works on a myriad of other

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reports. We were working on the missing 2746. Patients who are near match. Training and treatment, and hospitalization, fistula first catheter last reports. We work on a bunch of reports to produce these for the Networks and also to help the Networks to help the facilities report everything that they need. So with that, I am going to go and turn it back to Sara Eve.

**Sara Eve Schaeffer:** Great. Next slide, please. So the EQRS system supports the National Coordinating Center New ESRD Orientation Packet (NEPOP) primarily to ensure new patients are entered, including their mailing address, the complete street name, accurate house number and zip code. We use as it is basis for these NEPOP mailing and this goes out to not just newly diagnosed ESRD, AKI, or acute kidney injury patients, but for all new ESRD patients. The address is really pulled specifically from 2728 and pulls from previous calendar month. In order to get this important information, the address needs to be specific. We do review addresses once we get the data and it does take time, and it's important to not delay getting these things into the hands of new ESRD patients. Next slide, please. Just two little snippets. One is pamphlet of something that is sent out for new ESRD patients. And next slide please. Also a copy of the postcard. I did answer in the questions that these materials and others can be seen at [www.esrdncc.org](http://www.esrdncc.org) if you go under "patient" there is a "new patient" section. You click on that and they are given a number to be able to track them. If you would like to see all the materials, you don't have to have a number, and you are able to view the materials. You can also look at those or print those out for patients that your facility in the event they lost there's or family wants another copy. If you go to [www.esrdncc.org](http://www.esrdncc.org) all of these materials and more are available there. Thank you. That brings us to the end of the NCC section. I think we're going into question and answer now.

**Renee Parks:** Thank you, Sara Eve and with that looking through the chat box and we have a question I think is KCER related to Keely. If you could can KCER come to our facility to provide emergency preparedness training for our staff and patients? Great question.

**Keely Lenoir:** Sure. Thank you, Renee. So no, KCER does not provide in-person trainings as dialysis facilities. We can, however, assist you with accessing different resources and support you in the development of emergency and disaster preparedness trainings for your staff and patients. We can also help you, help to connect you with local health care coalition. Health care coalitions are a phenomenal resource for dialysis facility. If you are not a member of health care coalition, I highly encourage you to become a member. Many coalitions offer trainings and exercises throughout the year for their members. So to meet your emergency preparedness final rule

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requirements I would encourage you to join your health care coalition. That is something that KCER can assist you with if you need help how to contact your local health care coalition.

**Renee Parks:** Thank you, Keely. Great information. And I see another question here. And this one we'll go back to the NCC and probably Diana. When is the -- a couple questions here, actually, on the 2744. When is the 2744 due?

**Dianna Christensen:** The 2744 is due on May 14<sup>th</sup>, as the ESRD networks need to have a hundred percent completion by that date.

**Renee Parks:** All right. So it's important that they work with the networks in reviewing the reports and getting all that information in as time is flying and it's already March 25<sup>th</sup>. So thank you. The next question will stay with you or Sara Eve. What happens when I have a question on the 2744 form? Who do I contact?

**Dianna Christensen:** So for questions regarding 2744 form, you should contact your specific network and they may actually answer your question or if it's a system related problem, they would have you contact the QNet Help Desk, as well. First would be to contact your specific network.

**Renee Parks:** Great. Thank you for that information. Now, looking through the chat box, this one looks like it's back over to Keely or Riquelen. Does KCER have resources for patients that will assist them with preparing for disasters that are specific to the area of their area, or their county?

**Keely Lenoir:** Yes. This is Keely. KCER does have patients focus resources on the KCER website. If you visit the KCER Web site, at the top you'll see buttons or boxes for providers and patients. You will find resources that are specific to different types of disasters, as well as disaster preparedness resources and campaigns that are geared directly toward dialysis patients and staff and preparing for disasters. So we do have a lot of resources there and then you also may find some resources specific to your county or city through your local department of emergency management.

**Renee Parks:** Thank you. Great information as always. We very much enjoy having you all on as subject matter experts. The next question goes back to Sara Eve regarding the NCC. Is the NCC over the ESRD networks?

**Sara Eve Schaeffer:** Thank you, this is Sara Eve. No, the NCC isn't over the networks, we are adjacent to them. We all work with CMS in different ways depending on our contracts. But we're not over them in a supervisory or leadership role.

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- Renee Parks:** Great. Thank you very much. Looking through here. Back to Keely and Riquelen. How often should we update our facility personnel screen? If one of you ladies would mind taking that one.
- Riquelen Ngumezi:** This should be done at least quarterly. So for all of these -- when should this be done, definitely refer back to the ESRD Data guidelines, it has all of those listed. As far as personnel screen, that should be checked at least quarterly.
- Renee Parks:** Thank you very much. And it looks like we have one more question. Back to the NCC. If we want to look -- this is probably more Diana, I think. If we want to look at the summary annual report, can we, and where is it located?
- Dianna Christensen:** Yes, you can. It is published to the NCC Web site, which is [www.esrdncc.org](http://www.esrdncc.org).
- Renee Parks:** All right. And with that I want to -- that pretty much clears out the questions in the chat box. I want to thank everybody for attending today and the wonderful panel that we have had that has provided their expertise. And with that, we can go to the next slide as this will conclude the presentation. And again, I just want to thank Keely, Riquelen, Sara Eve and Dianna for their expertise and covering the KCER and NCC. I thank them for sharing the valuable information that they have imparted today and hope that you have learned something from today's presentation. If we can go to the next slide, it is the last slide. This slide has additional resources for further information pertaining to topics that were here and discussed today and more information will be forthcoming. I know there was one more question that just came in asking when will the system be back available. As we stated in the announcement at the very beginning, once CMS works through the system issues and can provide a date, an announcement will be forthcoming. But until that time, make certain that you're on the distribution list through so that you can maintain and stay up to date with greatest and latest information. So with that concludes the presentation today and everyone have a great rest of your day.