Outpatient Quality Program Systems and Stakeholder Support Team

September 2020 Town Hall
Presentation Transcript
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Oniel Delva: All right, I do see that it is 2:00 p.m. Eastern. We can go ahead and get started with today's call. Hello everyone, once again, and thank you so much for joining us for today's discussion. This is the September 2020 Town Hall Event. As part of today's call, we will take some time to hear from real EQRS/CROWNWeb users who will share some of the best practices that they currently or previously used, to help with supporting EQRS/CROWNWeb data reporting and management efforts. We've held Community of Practice, a similar approach to this call that we're about to do today, back in October of 2019, where we received positive feedback from the community regarding just the information that was shared by system users. So, for the first half of today's discussion, our speakers will discuss some of the things that they've done at their facilities and organization. We would like for you to take away at least one idea, one concept that could be adopted, modified—basically, just applied at your facility to support your data reporting needs and requirements as well. Now, for the second half of today's discussion, as mentioned a little bit earlier, we're going to switch gears a little bit and discuss some major changes that will be applied, as we move from using CROWNWeb to using the EQRS application. As we know, CMS is continuing to move, to transition the CROWNWeb application to EQRS, and EQRS will be the system used to report patient- and facility-related data. The majority of the tasks that you complete now within the CROWNWeb application, the majority will remain. However, today we'll take some time just to discuss some of the changes that will be applied, and, you know, more particular or specifically, we are going to focus on the admit/discharge process as well as PART verification.

Before we officially continue or get started, just wanted to mention that we do have a PDF copy of the slides that will be viewed as part of today's discussion that's available on the MyCROWNWeb.org website. So, in the exact same location where you registered to attend today's event, you do

have the ability to go out now, knowing that we will be covering a lot of scenarios definitely when we get to the admit discharge process, we want to make sure that you all have the CMS-approved scenarios that are available, that's going to be discussed as part of today's call, so you can go out and access a copy of the slides that are available to you now. Also, we do have as we get into the scenarios, on the Education page on the MyCROWNWeb.org website, we have put together a document that's titled, EQRS Admit/Discharge Guidance, that basically gives just the scenarios that we're going to cover today without the additional information that's being covered as part of today's Town Hall discussion. So, I wanted to mention that you can go out and access that now if you'd like.

Just continuing with a few more just housekeeping items. Today's call is being recorded. A copy of the recording will be made available within 10 business days via the Event page on the MyCROWNWeb.org website and, as mentioned, you do have the ability to go out and access the PDF copy of the slides that are already available. All lines are muted and will remain muted for the duration of the call to help us with blocking out some of the background sounds that may come through, but we do encourage if you have questions as we go on with today's discussion, please use the Q&A option that's located in the bottom right-hand side of your screen, it should be, and select "All Panelists" when submitting questions to us via Q&A. Again, we do know that there are some questions that might require additional research. As we get to the second half of today's call, we will be covering a lot of scenarios, now of course, there might be additional scenarios or additional questions that you might have based on the information that's discussed. If one of those questions come in that we are not able to provide an immediate response to, that would require maybe additional research, we do ask that you please submit questions to CRAFT, c-r-a-f-t @MyCROWNWeb.org, so, that's CRAFT, c-r-a-f-t @MyCROWNWeb.org, and the team will work towards providing a response to you as well as performing the necessary research.

We do have a polling question that is built-in as part of today's discussion, just as a way for you to communicate with us, have a little bit of fun. Hopefully, you're able to participate and complete that polling as well. My name is Oniel Delva. I will serve as your host and presenter as part of today's discussion. I just want to mention a couple things, as well that anything that you see as far as, I don't believe we're going to show any screenshots, but anything that's displayed, it's all fictitious, no real patient information will be used as part of today's discussion.

Alright. Now, let's go ahead and get started with our latest news and reminders—we have two things to discuss. The first one, this is new, you

haven't seen it as part of today's call, and then the other one is just our regular reminder regarding data submission. This is an important announcement of course, so please use this information to plan accordingly. As we've discussed, CMS plans to release EQRS in November 2020, and November 9, that is the current date actually. So with this release, CMS will transition the roles and functionality that are in its CROWNWeb system into EQRS. This will be a major update and tasks currently performed in CROWNWeb will now be done in EQRS. To support this transition, CMS needs to be able to migrate data from CROWNWeb to EQRS, and a data reporting cut off time before this transition is important to help CMS with populating all of the information that you entered into CROWNWeb up to that point, to transfer that information into EQRS. And with that said, to support this, access to EQRS, CROWNWeb, ESRD QIP, and REMIS is planned to be unavailable from Thursday, November 5, 2020 at 8:00 p.m. Eastern to Monday, November 9 at 7:00 a.m. Eastern. You'll continue to use the EQRS.CMS.gov/global app link that you currently use now to access EQRS/CROWNWeb. Once EQRS is rolled out, you'll experience a different look and feel. Also, just want to mention don't worry. Of course, we will be providing EQRS system training in October. An announcement regarding training will be provided soon, so just wanted to let you know that that will be available, and to provide you with the detailed information that you need in order to be fully prepared for this rollout. Additionally, if there are any changes, we will communicate that out with you as well, or to you, to help ensure that you are planning for this upcoming release and you know having the necessary pieces in place.

Here, for this slide we're just providing some reminders, of course, regarding data submission. Please continue to use the Facility Dashboard for announcements, for reminders as it relates to data in the system. So, the September 30 date that's listed under the reminder, the July 2020 clinical month the data is due by 11:59 p.m. Pacific on September 30, 2020, and of course, this applies to all collection types whether it be for hemo, PD, vascular access, as well as all submission types, whether it be manual or electronic data submission. So, please continue to work towards meeting the data submission deadline and thank you, of course, thank you in advance for putting the necessary pieces in place to meet your July 2020 clinical month submission deadline of September 30, 11:59 p.m. Pacific.

For the next couple slides here, let's just, you know, we're going to jump in and talk a little bit about, you know, Community of Practice, the purpose. I'm gonna cover these a little quickly to give us a chance to get to the content, the meat of today's discussion, but for a Community of Practice, of course, we do know high level, it helps to bring people together who

may have a similar goal, similar interest to help with identifying ways to improve an existing process or to collaborate to come up with just ways to tackle challenges, as well as just with the new ideas, and so on. As part of today's discussion, we are here so we can hear from two representatives, EQRS/CROWNWeb users, who will talk a little bit about just the resources and procedures that they follow to assist them with managing and improving their EQRS/CROWNWeb data reporting efforts. Of course, we do want for you to please review and just take away something maybe that's discussed as part of today's call that could be applied, adopted, modified, just use on your end, as you are continuing to work towards supporting the patient's needs as well as entering data in the EQRS/CROWNWeb application.

Now, before we jump into the presenters and give them a chance to speak, of course, we'd like to give you a chance to interact with us and with polling and such, where this question here is asking: "Do you follow a data submission schedule?" Now, we do know that there's the clinical data submission schedule by the last day of the month typically is when you submit information, but do you have a process in place at the facility level where, you know, okay, when a patient comes to your facility you do this, this, and this to ensure that you have the necessary signatures, or you do whatever it might be? Is there something in place that you currently follow now, that is a procedure that everyone knows that at your facility that this is what we need to do to make sure that we get the information early enough to enter data in CROWNWeb, or once a patient leaves we do this within this particular time frame, or maybe you dedicate a particular week during the month to make sure that all the necessary information is received and reported. I don't know, whatever it might be. Just again, this is just a chance to give you an opportunity just to interact with us a little bit before we jump into our presentation, so I'll pause a moment and I'm gonna close this out so we can just share the results and then we'll continue. Thank you. [pause] Alright. So, let me go ahead and close this polling out and if you don't get a chance to submit your answers it's fine as well. Just again, just a fun way for you to interact with us so we're going to close this out in three … I see we have six in progress, click the "Submit" button, two … and a one. Alright. So, let me go ahead and close this out. It's currently processing. Just so you know, your feedback, just early what it shows, thank you so much to the shows that 298 folks were able to participate. Of those who participated, about 251 said that "yes, you do have a process that you follow at your facility to help with data reporting," so that's good to hear. About 32 said "no, they currently don't have a process in place." Hopefully, for those who are the part of the 32, or even part of the 251 that said yes, you'll be able to hear something today that you can take away and apply, just to add on to what you are doing now to support your data reporting efforts. So, thank you again

everyone. Let me go ahead and close this polling out and then I'll introduce our first speaker as we go through the information that she has to share with us.

The first person you'll hear from in a moment is Estella Martinez. I'll go ahead and give you some background information regarding our first speaker. She serves as the administrative assistant for a DaVita facility in Texas, and she's been using the EQRS/CROWNWeb system for a little over seven years. Since she's with DaVita, the data submission method primarily for her clinical and admit discharge records and such, is done via her corporate office through batch, but of course, there are still things that she and, you know, even if you're with an LDO facility, that you're able to do at your end to help ensure that the data that you have entered is correct in the system. So she'll provide us with some feedback regarding what she does as well. She currently helps to support one facility that has 225, or actually she and I talked recently due to COVID, the patient population was reduced slightly from 225 to I believe she said 177. So you can see just to give you an idea of, you know, the number of patients that she currently helps to support as she is managing data entry in to the system. So Estella, I see that you are currently muted, but I'll unmute your line and we'll jump into the first question. You can share with us: How often do you use EQRS/CROWNWeb?

Estella Martinez: Hi, EQRS/CROWNWeb I usually go into it weekly. I like to review the Dashboard of course and anything on the Dashboard it has a deadline, so I like to go in there weekly and review that, review my PART, make sure all my patients are in there. That way at the end of the month, it's not so much work or I'm wondering to find out what happened to my patient.

Oniel Delva: Perfect, actually your response leads to the next question, where the question is: What screens do you access most and why? So I'll pause and give you a chance to just touch a little bit or elaborate on, some of the screens that you use and why.

Estella Martinez: Right. Thank you. The Dashboard has really helped. I actually really like the Dashboard because it puts everything in one place. However, even if say my 2728s are at zero and all the other data is at zero, that I'm not missing anything. I still like to jump in, and again into the PART, that's a big thing for me. Admit/Discharge — make sure that a traveling patient may not have been transferred accidentally to another clinic and the other clinic of course, the accepting clinic, the hosting clinic, won't know to transfer him back, so I like to see which patients are gone. To look at the total of patients that I have, make sure that I'm verifying the right amount of patients. I also like to look at: I'll run Roster Reports to make sure to compare to my PART, and we also look at run reports for the QIP scores, and so I basically go through each screen. I like to go into it at least weekly, just to stay on top of it and make sure all the numbers are right. It's just taking it as you go.

Oniel Delva: Yeah, this is a good idea, yeah, to go and look weekly at the information just to you know, double check to make sure that it's correct and to meet the submission requirement or to modify, update to make sure that the right information is reflected. I like that.

The next question we have is: Do you follow a data entry schedule?

Estella Martinez: Yes, I also like to follow a data entry schedule as far as everything in CROWNWeb is time sensitive. I mean whether it be your 2728 or 2746, down to the 2744s, everything has a deadline, so instead of waiting for the deadline to approach, as soon as we get our patient referral and we're admitting a patient, we get an initial record, so I prepare a 2728 with as much information as I can. Same thing with the 2746, prepare it, and get it ready for any signatures by the physicians. If we have any questions on diagnosis, comorbids, and things of that nature, that way we can process them as quickly as possible, get them submitted into CROWN, and in case any errors or any questions pop up, we have enough time to find answers for those, and not go anywhere near the deadline. That gets it off your plate and it gives users and all the other people in your facility, gives it more time to go to other tasks. As important as CROWNWeb is, everybody's super busy obviously, so if you get everything done, initiate and get the forms done, get everybody's input and get it submitted, then you get it off your plate and it's good for everybody, and it's good for your QIP scores too.

Oniel Delva: Yeah, very good points. Thank you. Good to hear that you have the schedule in place to help with capturing data early, get the necessary signatures that's required for the various forms, so again get the information reported as soon as possible. So, the next question here is regarding just education and staffing. Do you have a process in place to educate new staff?

Estella Martinez: Me personally, I actually like to reach out to staff that will be using CROWNWeb. Here, I'm kind of a point of contact for CROWNWeb. So, any new users I'll walk with them and as they look for access to CROWNWeb. Then what I did was, I did create a list. I went into the ESRD Network for us, which is Network 14. I pulled a lot of links and made a list of the things that they would need, the things they need for the emergency contacts, things of that nature, and I made a list, and I actually sent it out to each of my clinics for the users to follow. Just little points of information of when they should submit their forms, you know, like it's a good practice to submit them within 10 days, don't wait for, like, the deadlines. On all these links, how to order, you know, the purple bands for the patients, and things of that nature, that way they have something to follow, and of course, the option and my contact information where they can contact me at any time.

Oniel Delva: Alright. Perfect. I like it. Also, when you think about educating staff a little shameless plug here for the MyCROWNWeb.org website, nudge, nudge. Please, we do know that you all have used, a lot of you who are on

right now, use the MyCROWNWeb.org website and that's always available as well, so that new users can obtain necessary information to continue to learn how to use the CROWNWeb/EQRS application. For the next question that we have, Estella, if you can assist please, it's asking: Have you developed job aids or access specific items to help you with your data reporting efforts?

Estella Martinez: Actually, we have. Generally, I mean every company is different, but we do have internal job aids from getting access, to admitting a patient, to discharging a patient, that we do use that they are very helpful. I mean putting everything into the specific job aid for what you're needing, we do have them, also for entering clinical data and the different scenarios. We do have them here internally, and like I said, I created like a little spreadsheet, a little list of contacts, you know, things that they can use also, that they can incorporate with the job aid.

Oniel Delva: Alright. Perfect. Thank you so much, and actually I believe Estella, thank you again for agreeing to, you know, jump on and present, and talk a little regarding some of the things that you've done or you do at your facility now to support, not just data entry into the EQRS/CROWNWeb system, but also just overall the support that you provide to patients to help ensure data is reported as accurately, as quickly as possible to, you know, help with supporting their needs. I believe we have one more question for you. Before I jump to that question I do see a couple questions coming in via chat regarding the slides. Of course, just a reminder, you do have the ability to access a PDF copy of today's slides, so that you can see some of the responses that our presenters will be sharing today and the portion that we're going to get to during the second half of today's call. So, in the exact same location where you registered to attend today's event is where you can go out to access a copy of the slides which is on the Events page on the MyCROWNWeb.org site next to the September 2020 Town Hall announcement.

I believe the last question that I have for you Estella is: What is something that you'd like to share with the group that has assisted your data reporting efforts?

Estella Martinez: I think the thing that assisted me the most is, and I'm really big on this, not just for CROWNWeb, but you know, just in general, taking initiative, taking lots of initiative. Just not waiting, not waiting 'til, like, even though you have the deadlines, just take initiative, be proactive completing forms, trying to meet deadlines. You give yourself more time so you don't stress yourself out, because you know it's a lot of information that you're dealing with, a lot of patient information data entry, and you want to get that correct. You want to make sure that everything is working and is good so, if you take initiative and you give yourself more time, you'll be more relaxed and you'll be able to focus on the data and make sure that it's correct, and that it's flowing, and it's basically a win-win when you meet

the deadlines because it helps our patients, it helps the facility, and it's generally helpful all the way around. It makes everything, everybody successful.

Oniel Delva: Alright. Perfect. Thank you. Thank you, once again, Estella. I greatly appreciate you sharing your experience with the group, and again hopefully, those who are on, we'd like for you to take away some things that's discussed that can be used to support you at your facility as well, so thank you, Estella. For our next presenter, and Alli you can unmute on your end or I can unmute you in a moment if needed, is Alli Bailey. Just to give you some background information regarding Alli. Actually, for her it's interesting where she used to work at a facility, but now she currently works at the ESRD Network, so her current role is Health Information Specialist for Midwest Kidney Network, which is Network 11. In her previous role, she served as a facility administrator assistant at the regional level for a DaVita facility as well. And just continuing with some brief information regarding Alli and her system usage, about five and a half years at the facility level. She was a part of a organization that did batch. She supported 13 facilities, a total of 120 patients, and currently in her role now at the Network, she helps to support 517 dialysis facilities and transplant centers with over 29,000 dialysis patients and 21,000, almost 22,000, transplant patients so, wow you're a very busy person. Alli, so again we truly appreciate you agreeing to jump on today just to talk to us a little bit regarding what you used to do at the facility level, and some of the resources that the Network has made available, that doesn't apply only to Network 11 facilities, but could be used by anyone to help with their data reporting efforts as well.

So with that, we'll jump into the first question which is: How often did you use EQRS/CROWNWeb at the facility level?

Alli Bailey: Thanks Oniel. Hi everyone. My name is Alli. For CROWNWeb or EQRS at the facility level, I would go in typically several times throughout the week. It was something that I spent a lot of time in and got very familiar with CROWNWeb over the years, and got very comfortable with using the different platforms within CROWNWeb.

Oniel Delva: Thank you Alli. And to add to that, what screens did you access most at the facility level and why?

Alli Bailey: Yeah, this is a great question. So I personally found PART to be extremely helpful for quickly viewing patient information, quickly accessing patients and really making sure that patients are in my facility where they're supposed to be. I also would reference my facility's EQRS Facility Dashboard at typically every login, just to help keep me on track with my form completions, clinical data, even my CAHPS® reviews, making sure that all those different things were being completed on time.

Oniel Delva: Alright. Perfect. Thank you much. Alright. Let's jump into the next question. Alli, did you follow a data submission or data entry schedule at the facility level as well?

Alli Bailey: Yeah, when I was working at the facility, I would complete my PART verification as recommended within the first five days of the month. I would also, because of my facility size, I would do bi-weekly checks thereafter, and then just kind of for fun or for ultra verification, I would do one more PART verification before the end of the month closed out. Again, to make sure that I'm not missing any patients, I don't have any patients that shouldn't be where they are, and as a batch submitting organization and facility, I did follow a very strict data entry schedule. So for example, I would begin clinical data entry in CROWNWeb, typically after the last batch submission of the month, which usually occurred around the 25th day. So, you've got a couple days in there before the end of the month and using that PART verification throughout the clinical data entry process, again, to make sure that no one is missing, that is the part that I was most focused on.

Oniel Delva: Alright. Thank you much. Now, I do know that you and as well as Estella a moment ago talked about PART and I think you have a reference of PART in a couple more slides. It's interesting, so a little bit later we are going to talk about an update or change that will take place as it relates to PART, but we're glad that you were able to, you know, use the system now and use it to its full capability to help ensure that you are able to review information and again just double checking making sure that the data that's reported is correct. I'll go ahead and jump to the next question, which is: Did you implement a process that improved data reporting efforts?

Alli Bailey: Yeah, so after the last batch submission, I relied heavily on verifying clinical data in CROWNWeb for any missing hemodialysis, peritoneal, or vascular data. I would always complete, like I said, another PART verification on the day of clinical closure. I did this to ensure that no patients were admitted via batch at the last minute. This is something that I actually did encounter: a patient was missing and had been batched over last minute and would have potentially been missing had I not caught that. So very, very important from my point of view to at least be checking making sure that your patients are admitted to your CROWNWeb, and that's something I see at the Network level as well too.

Oniel Delva: All right. The next slide that's displayed, I believe did you mention checking the Saved Clinical Data Values?

Alli Bailey: Yeah, so definitely this was the best practice that we implemented within our clinics and region when I was working in the dialysis facility, and this was to check not only patients "Without Clinical Values" of course, but checking patients "With Saved Clinical Values." Maybe at that first day of clinical data entry you entered a Kt/V on a patient and meant to go back and enter their phosphorus and potassium, and never got back to it.

	Making sure that I would check those Saved Clinical Values to ensure that those patients were not going to be without value or without information that might have been critical to their data entry for that month.
Oniel Delva:	Alright. Perfect. Yeah, thank you, Alli. I do know that the good majority of the users are part of an LDO batch submitting organization, whether it's DaVita, FMC, DCI or maybe participating as part of the NRAA electronic data interchange process and it's good to know of course. Double check with your corporate office if you are affiliated with one of the LDO organizations to help ensure you put a process in place to support and your, how should I phrase it, making sure that the clinical data is reported each month. It's good to know that when Alli worked at the facility level that she went ahead and double checked the information that's on the clinical screen to go to With Saved Clinical Values as well as Without Saved Clinical Values just to get an idea if there are any patients still remaining that require some sort of clinical data reporting. So, it's good to know. Thank you again Alli for sharing that.

Now we're going to talk a little about the Network level, just your role in some of the things that you have or you know might have in place to support facilities. So, as an ESRD Network staff member, do you have a process in place to educate EQRS/CROWNWeb users? |
Alli Bailey:	Yeah, this is something that I'm really excited about. Working at the Network, we do encourage all facility-level users to call and work with your Networks for support with CROWNWeb or EQRS. When you call or email in, users are able to typically speak with a CROWNWeb specialist who can actually help triage technical issues or reinforce training, and so this is something that we want as a Network representative, we want to work with facilities to ensure that you're understanding what you're doing in CROWNWeb. Some of the things that we assist with at the Network-level can be resolving Notifications that you might be seeing on your Dashboard, System Discharges as well, and then the one I see very often is Duplicate Patient errors when you're admitting a patient. Then, the other big one is also we do provide assistance with completing your 2744 CMS Annual Facility Survey, so feel free to be reaching out to your Networks for support with those different things.
Oniel Delva:	Alright. Perfect. Thank you. Then, kind of continuing in the same area a question of: Have you developed job aids or access specific items that could help EQRS users with their data reporting effort?
Alli Bailey:	Yeah, so something that I've personally been working on here at Midwest Kidney Network is different job aids that are available to anyone who has Internet access. You can access our website at midwestkidneynetwork.org. You do not have to be within our Network to use the resources, but these are just resources to be used to assist you with learning how to work with CROWNWeb if you're a new user, or maybe learn something new if you're a user who's been in CROWNWeb for a while. You can see the

	variety of topics that we have here. These are just a couple examples of some of the job aids that we have on our webpage.
Oniel Delva:	All right, thank you so much. Next, in a moment I'll go over just you know the ESRD Networks, because in our years or my years of working with CROWNWeb in other areas as well, we have learned that not everyone's familiar with the ESRD Networks. So, after Alli speaks, I'm just going to touch briefly on the ESRD Networks and provide you with some links, and as she mentioned the resources that Network 11 has created, Midwest Kidney Network, isn't specific to just her Network alone. Can be used by anyone if you go to their website and you can access a PDF copy of the slides in order to be taken directly there.
	Alli, the last question that I have for you today is: What is something that you'd like to share with the group that assisted your data reporting efforts at the facility level and/or feedback from a Network staff's perspective that you can share with attendees today?
Alli Bailey:	Yeah, so I think this is a great question as well. I really, really support people contacting their ESRD Networks. This I can't stress enough. We are here to help you. We are data people, so we all want our data to be in, and entered, and correct. So, please reach out to your local ESRD Network for support, especially if you're experiencing an issue or confusion with something that's happening in EQRS or CROWNWeb. Most questions can be answered with a very brief phone call, or even an email to your local Networks. Please, just keep in mind — do not email patient information if you are going to be emailing your Networks. Then, one thing that I'm personally passionate about, I've been in the dialysis/Network fields for about 14 years now, and I really want to stress that it is our primary focus as a Network to provide unyielding support to all EQRS and CROWNWeb users and their facilities. So, we are here to help you. Please reach out if you have any questions.
Oniel Delva:	Perfect. I like it I like it. Thank you so much, Alli and Estella earlier. Thank you so much as well for sharing your experience with everyone who's on. I do see some positive feedback coming through. People saying thank you for making the job aid available, and just enjoying or liking the information that they've heard so far, based on the resources that are available and how they can continue to maybe just pull some of that to help with their data reporting.
	For the next couple slides, I'm just going to go through this relatively quickly. Just to give some brief background information because we have about 20 minutes remaining and a lot of information to cover in a moment as we switch gears, to talk about just some of the changes that's to come, as it relates to EQRS, and to provide direction. Again, a PDF copy of the slides can be accessed via the Events page on the MyCROWNWeb.org website. I'm saying this again because we will be covering a lot of

scenarios in a moment as it relates to the Admit/Discharge Guidance and I'm actually gonna, while we don't like to read slides, read information that's on the slides, I want to make sure that I state it exactly as it's been approved by CMS, CMS-approved guidance, for the admit/discharge and some of the other information, and you can access it, that information, as well as again, to help you with your data reporting moving forward.

Here, brief background regarding ESRD Networks. There are 18 ESRD Networks, Network Organizations across the United States and U.S. territories. The Networks are here to assist you. As I mentioned earlier, based on my experience working on this team and working on other teams, we noticed that not everyone's familiar with the ESRD Networks and know the fact that they are here to provide technical assistance. Here, just you know, the last bullet point in the sub bullets, just provide some information regarding the Networks provide facilities with technical assistance as I mentioned, develop quality improvement activities, evaluate and help with resolving patient grievances. They can assess the appropriateness of patients for, you know, proposed treatment modalities and such. So, if you're not familiar with the ESRD Networks, there are 18 as I mentioned. Here, you can see a breakdown of this map, the U.S., with the numbers kind of just overlaid or on top of the different areas calling out the ESRD Network service area, the number, you know, number one starting all the way in the north eastern part of the U.S., and and so on. You can access the contact information necessary for your Network representative, as well as, you know, use this map to click on the different areas to be able to get to the necessary website by going to esrdncc.org. So, the ESRD NCC is the National Coordinating Center. There, they provide [you] with resources and tools and will help link directly to your ESRD Network. Once you access a PDF copy of today's slides, the link that's at the bottom of this page is actually live or it'll take you directly to this map, where you can then navigate to the necessary area to get the contact information for your Network representative. So, thank you again.

Alright. Now, let's jump into our ESRD deep dive starting with the Admit/Discharge Patient Guidance. So CMS, as mentioned earlier, is targeting November 9, 2020 as the release date for the EQRS application. The November release is planned as a "minimum viable product" and what does that mean exactly? What it means is that the system will include the necessary components to help you with continuing with to enter and report data, but just know that it is going to continue to change, to be updated, to include additional pieces to help with your entry of information. So, for example, when the system goes out in November, initially you might not see the 2744 Annual Facility Survey included, but it will be rolled out as the system continues to grow and as CMS continues to just, again,

evaluate to make sure that the necessary pieces are in place for you to meet your data reporting needs.

We touched a little bit earlier that the roles and functionality that are in the CROWNWeb system will be transitioned, incorporated as part of the EQRS, and really before CMS makes any changes or adds any features to EQRS, they conduct research, of course, to identify the current usage, the purpose of that feature, and to determine if that is something that should be migrated over to EQRS, or if that's something that was followed as part of an old process that might not necessarily be necessary moving forward.

With that said, with improved data quality and accuracy in mind, the November 2020 release will not include CROWNWeb's "Transient" patient admission status. Now, of course, the next couple slides will provide you with some more information regarding what that means. Transient, just brief definition of course, we do know that they are identified as patients who are expected to be at your facility for 13 treatments or fewer, or 30 days or less. Historically, CROWNWeb users, currently I guess you can say as well, have been required to admit transient patients for the temporary treatment and then discharge those patients once that individual transfers back to the home facility or transfers to another facility within the 13 treatment/30-day time frame. Now, to support this transition of transient patient status, where you know a patient, you would indicate "yes" or "no" if it was a transient patient, to support this transition. CMS is asking that EQRS or CROWNWeb users stop admitting transient patients in CROWNWeb effective September 30, 2020. So, in about what? … Six days. So, transient patients, those who, again, have been identified will be there at your facility for temporary treatment effective as of September 30, 2020. Again, CMS has advised or asked that you just go ahead and stop admitting transient patients to your facility, and again we'll cover more as to what that is saying exactly. So, admit patients who will be at your facility for more than 13 treatments or beyond 30 days. So, at the very beginning when the patient comes to your unit, that you know that it's a permanent transfer in, so right then you can go ahead and admit the patient to your facility. Let's say the patient you know was thinking they were going to be transient or temporary, so of course, following the guidance you wouldn't admit the patient to your facility knowing that it's a temporary patient, but if they go over that 30-day time frame, the 13 treatment time frame, then that patient would, of course, be a permanent patient at your facility that you would go through and complete the admit discharge—I'm sorry, the admit process, to your unit.

Here, you can see the note where it's saying increase quality improvement awareness of temporary patients to ensure that they are attributed to the

appropriate facility. Well, what exactly, what does that mean, Oniel? What it means is given the fact that moving forward effective as of September 30, as we see at the top, transient or temporary patients will not be admitted to a facility. That means when, you know, a patient will be temporarily going to another facility for treatment, that you, of course, you know, increase or communicate with representatives at that other facility, and to just find out, okay, will that patient basically … or communicate with the patient, however you do now, to see will that patient come back to your facility, of course, and that individual will, of course, remain admitted to your facility or if that person decided — you know, what I'm just gonna continue my treatment at this new facility, so I'm just gonna transfer in permanently at this other facility. So, of course, it's just going to take a little bit of time to ensure that you're continuing to just monitor, of course, to determine what needs to be done if the patient needs to remain as a permanent admission at your facility or if the patient now needs to be permanently admitted to this new facility. Okay?

Here, I'm gonna go over eight scenarios and actually it's more like ten scenarios because there are a couple that covers if this, then that. Again, access a copy of the slides, and we did put together an Admit/Discharge Guidance document for you that's available via the Education page on the MyCROWNWeb.org website that includes these exact scenarios, these CMS-approved scenarios, that you can view.

Alright. Here we go, scenario number one, and again I'm going to read these basically line by line, not that we like to do that with presentations, but I want to make sure that I correctly state the CMS-approved guidance that would be followed. Alright. So, [in] this scenario here, 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 facility or Clinic B. Alright. So, this is a temporary patient. So, Clinic A would leave the patient as a permanent patient for the entire time. Clinic B does not admit the patient in EQRS and Clinic A is expected to report clinical data. Again, the patient will only be there for a week, so we know 13 treatments or fewer, or 30 days or less is considered temporary. The new guidance that we would follow is the temporary facility would not admit the patient to the unit.

Alright. Scenario number two. Okay, 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. Alright. So, the expectation is Clinic 123 discharges the patient as of the last treatment date as "Transfer to Hospital" and readmits the patient in EQRS as a permanent "Transfer In" upon his or her return. Actually, scenario number two is exactly what you currently follow now, where if the patient is gone for the entire month at a hospital or so, for you to enter the discharge that

it removes that individual from the clinical screen and the application. Alright?

So, here's scenario number 3a. There are two parts to this one. Here, a patient is treating as an inpatient hemo patient at Clinic XYZ and is changing to a peritoneal dialysis modality at Clinic 456. In this scenario, the patient completes training, so what exactly should occur? Clinic 456 admits the patient as a permanent patient as of the start of PD training. Clinic XYZ, which is the in-center facility we mentioned, discharges the patient the date of last treatment. If the patient needs additional in-center hemodialysis treatments, Clinic XYZ does not admit the patient in EQRS. Again, since it's a temporary treatment that's the reason why Clinic XYZ does not admit the patient in EQRS. Okay?

Now, Scenario 3b. So again, this is now, it's basically kind of the same scenario, but in this case, the patient DOES NOT complete training. What needs to occur? Well, in this scenario, Clinic 456 admits the patient as a permanent patient as of the start of PD training. So same as before, Clinic XYZ discharges the patient the date of last treatment. Okay? If the patient needs additional in-center hemo treatments, Clinic XYZ does not admit the patient in EQRS. Okay? And when a decision is made to permanently return to in-center hemo, Clinic 456 admits the patient as of the first treatment post the training failure decision. Okay? Now, of course, we do know that some of these scenarios might take additional time as we go over them today, for you to, I guess, you know, kind of, I don't wanna say dissect, or for you to just ponder or think a little bit further to break it down, so that you know it flows or makes sense to you, but again, you can access a copy of the slides for that.

Continuing here with this next scenario, a patient has been treating at Clinic 876 and receives a transplant on March 4, 2020. Now, in this one, successful transplant. Clinic 876 discharges the patient as a "Transplant in US" as of the last treatment before the March 4 date and the Transplant Center A admits the patient as of March 4. If [the] patient needs temporary dialysis in support of transplant, Clinic 876 does not admit the patient in EQRS. Again, it's a temporary treatment.

So, here, next scenario. A patient has been treating at Clinic 876 and receives a transplant, you know, on March 4, as we mentioned, but in this case it's an unsuccessful transplant. Let's see what the expectations are as relates to what you would do moving forward. So in this case, Clinic 876 discharges the patient as "Transplant in US" as of the last treatment date before March 4, which we touched on before. Transplant Center A admits the patient as of March 4. If patient needs temporary dialysis in support of transplant, Clinic 876 does not admit the patient in EQRS. The transplant

is declared failed on March or April 2 let's say, and Transplant Clinic A discharges the patient as of 4/2. The clinic admitting the patient admits that individual as of the first treatment date. Again, you know once you access the copy of the slides then it provides the additional.

Alright. Just a couple more scenarios to go over as we work towards wrapping our call up. In this scenario here, a patient is treating at Facility B, but has an extra treatment each week at Facility C, and this will continue for less than 30 days. So in this case, Facility C does not admit the patient. So, since it'll be from less than 30 days and the patient will remain admitted at Facility B. So, Facility B, again, anything that's, you know, less than the 30 days, the patient will basically remain at the facility.

Alright. Here, Scenario 6. The patient always travels the country due to work and the patient stops at multiple facilities per month, but none of the treatments basically are greater than the 30 days, but all of them are basically 30 days or less. So in this scenario here, the patient is not admitted in EQRS to any of the clinics.

Okay. Alright. We're almost done with the scenarios. Scenario here, this one has two examples. A patient is permanent as an in-center patient in Clinic 765. On May 8, 2020, the patient goes to visit his or her child for three weeks at another city and receives treatment in Clinic 432. The patient will return within the three weeks. In this scenario here, the patient will remain admitted at the permanent facility and the temporary facility would not admit the patient since, again, they'll be there temporarily.

In this scenario here, in this case the patient stays longer than 30 days and it provides the breakdown of what should be done. Again, if the patient goes and remains at the facility for longer than 30 days, which basically is the facility that originally was supposed to be temporary, which is Clinic 432 in this case, would basically admit the patient and when the patient returns, you know. Later in this case, it shows that June 20 the patient would return, then the discharge would occur where the person would be admitted once again to the original facility of 765.

And then the last scenario. Again, hopefully, you all are seeing the pattern based on the scenarios that's being covered. In a nutshell, if the patient will be there for 13 treatments or more, 30 days or more, or greater than 30 days or you know greater than 13 treatments, I should say, that's when the admission would occur, or if you knew from day one that the person is a permanent transfer, then that is when the admission would occur as well as a permanent transfer to your facility. In this last scenario, patient is a permanent in-center hemo patient at Clinic 246. On 6/10, the patient goes

to Clinic 135 for temporary treatment and intended to return to the permanent facility within the week. However, on 6/25, the patient decided to permanently transfer to Clinic 135, which again was originally the temporary facility, so what exactly should occur here? Well, Clinic 246 would discharge the patient as of the last treatment date before the 6/10 date, and Clinic 135 would admit the patient to the facility as of the 6/10 date, which is the date when the person first began receiving treatment at the facility.

Here, this basically provides a summary of everything that I just mentioned. Summarizing that the patient would be admitted to the facility if it starts more than 13 treatments or beyond 30 days, you know, once it's been identified that the patient would be coming to that facility. If the patient goes to a facility and it's determined that the person was going to be a permanent transfer, but that individual passes away, then it is the facility that admitted the patient, so in this case Facility A, would be the one responsible for completing the 2746 form. The patient admitted as New to ESRD, Dialysis after Transplant Failed, Restart or Transplant needs to be admitted to the facility regardless of the time frame.

Then, the last thing that we wanted to mention, I just see that we have about two minutes remaining. I'm sorry that we're kind of going fast through the the last portion. A lot of the scenarios were provided to us, you know, to help ensure that we share with the community as part of today's call and you can access a copy of the slides to help ensure that you are continuing to follow the direction that CMS has in place. For PART, basically we wanted to mention, we did hear about PART earlier, but to support the transition and again with data entry in mind and reducing requirements that are placed on facilities, with the EQRS system PART verification will be going away. As of right now, please continue to make sure that you continue to verify and enter, complete the PART requirements that are in place for CROWNWeb, but just know that when EQRS rolls out, PART verification will not be required as far as the manual completion of that.

If you have any system enhancements or ideas, please feel free to send an email to the EQRS User Research Team. They are continuing to receive updates, feedback that's provided, enhancement ideas. Please feel free to reach out to them.

Join us next month for our October Town Hall Event, and the October Town Hall Event will actually be our first EQRS training session that will be provided, so it's going to be an hour and a half for that one. Registration information will go out and we hope to see you on that call.

So, thank you all, once again, for joining us as part of today's discussion. Please feel free to access a copy of the slides so that you can get the full breakdown of the scenarios that we covered. Thank you, again. Have a great day and we hope to see you on a future Town Hall Event. Enjoy your day everyone. Talk to you soon. Thank you.