



## CROWNWeb, the ESRD QIP, and You Town Hall Questions and Answers

ESRD QIP: Accessing Your Facility's PY 2016 Reporting Documents	
Question	Answer
<b>When will the Performance Score Certificate (PSC) be available?</b>	Currently, the PSCs and Final PSRs for PY 2016 are available since December 30, 2015.
<b>If a unit has no Spanish Speaking patients must the Spanish version of the Performance Score Certificate (PSC) be posted?</b>	Yes, facilities must post their PSCs in English and in Spanish, regardless of their regular patient populations.
<b>Is posting the Reporting documents in braille sufficient for my blind patient</b>	CMS believes it would be best for a facility to provide a Braille version of the facility PSC in hard copy directly to a blind patient requiring the alternate version. Facilities can request such alternate versions on an as-needed basis by emailing <a href="mailto:ESRDQIP@cms.hhs.gov">ESRDQIP@cms.hhs.gov</a> .
CROWNWeb and the ESRD QIP	
CROWNWeb Facility Attestation	
Question	Answer
<b>What is ICH CAHPS?</b>	ICH CAHPS is the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems. Please see <a href="http://ichcahps.org">ichcahps.org</a> for more information.
<b>What number of patients determines eligibility for ESRD QIP Reporting measures participation?</b>	In order for a facility to be eligible for the ICH CAHPS reporting measure, a facility must have 30 eligible patients. For the Anemia Management and Mineral Metabolism reporting measures, facilities are eligible if they have at least eleven qualifying patients.



<p><b>For the ICH CAHPS Attestation - 1) Is it 30 eligible patients per month or during the entire year? 2) If a center had 30 eligible patients but only 1 completed the survey - should we leave the attestation blank?</b></p>	<p>(1) The total number of eligible patients is derived over the entire calendar year preceding the performance period.          (2) Facilities that treat 30 or more eligible patients during the eligibility period but are unable to obtain at least 30 completed surveys during the performance period should not complete the attestation in CROWNWeb. CMS will be able to determine that these types of facilities are excluded from the measure.</p>
<p><b>For the ICH CAHPS, what census is eligible for the survey: chronic patients only or chronic and transient patients combined?</b></p>	<p>Patients receiving hemodialysis from their current facility for less than 90 days are excluded from the measure. Thus, transient patients do not contribute to the eligible-patients total.</p>
<p><b>We are Nursing Home based Facility and have about 41 outpatients. Only about 10 of them have mental capacity. Are we still required to participate in CAHPS?</b></p>	<p>Facilities that treat 30 or more eligible patients during the eligibility period but are unable to obtain at least 30 completed surveys during the performance period are excluded from the measure. Patients currently residing in an institution, such as a residential nursing home or other long-term care facility, or jail or prison are excluded and thus not eligible.</p>
<p><b>Clinical Depression Screening and Pain Assessment</b></p>	
<p><b>Why does CMS want facilities to report Clinical Depression Screening and Pain Assessment data in support of the ESRD QIP?</b></p>	<p>Depression is the most common psychological disorder in patients with ESRD. Depression causes suffering, a decrease in quality of life, and impairment in social and occupational functions; it is also associated with increased mortality and morbidity and increased health care costs. Therefore, a measure that assesses whether facilities report that they screened patients for depression, and develop follow-up plans when appropriate, offers an opportunity to improve the health of patients with ESRD.</p> <p>Pain is one of the most common symptoms in patients with ESRD. Studies have shown that pain is a significant problem for more than 50 percent of patients with ESRD, and up to 82 percent of those</p>



	<p>patients report moderate to severe chronic pain. Pain is commonly associated with quality of life in early- and late-stage chronic kidney disease patients, but it is not effectively managed in the ESRD patient population and chronic pain often goes untreated. Therefore, a measure that assesses whether facilities report that they are assessing their patients' pain, and develop follow-up plans as necessary, offers the possibility of improving the health and well-being of patients with ESRD.</p>
<p><b>Will we be able to batch over the Clinical Depression Screening and Pain Assessment data?</b></p>	<p>Yes, it will be possible to batch-submit data for the Clinical Depression Screening and Pain Assessment reporting measures.</p>
<p><b>Does Clinical Depression Screening and Pain Assessment data need to be manually entered in CROWNWeb for each eligible patients?</b></p>	<p>Although it is possible to manually submit Clinical Depression Screening and Pain Assessment data for each eligible patient, it is also possible to batch submit this data.</p>
<p><b>Are Clinical Depression Screening and Pain Assessment required for home peritoneal dialysis patients or only for those on hemodialysis?</b></p>	<p>It is required to screen for both pain and depression for all eligible patients, both in-center and home dialysis, treated at the facility during the performance period.</p>
<p><b>Who is responsible for completing the Clinical Depression Screening at the facility?</b></p>	<p>Generally, the tool selected by the facility will indicate the proper individual to provide the screening.</p>
<p><b>What depression scale tool does CMS want facilities to use?</b></p>	<p>CMS has not, and will not, specify a particular depression-screening tool for facilities to use. In the associated rulemaking, CMS identified several tools in common use. It is important to note that screening tools that are not specific to depression (such as the KDQOL tool) are not considered screening tools for the purposes of the Clinical Depression Screening reporting measure.</p>
<p><b>Can CES-D 10 or PHQ 9 be used for Clinical Depression Screening?</b></p>	<p>Yes, however, CMS has not, and will not, specify a particular depression-screening tool for facilities to use. In the associated rulemaking, CMS identified several tools in common use.</p>



<p><b>Once a choice has been made for the depression screening to the patient's record in CROWNWeb, will it need to be added again each month or will it carry forward once entered?</b></p>	<p>Facilities are required to select one of six conditions only once before February 1, 2017. Once a selection has been made it will carry through for the remainder of the performance period.</p>
<p><b>What does "not eligible for depression screening" mean / What makes a patient not eligible?</b></p>	<p>A patient is not eligible for depression screening if one or more of the following reasons are documented in the patient's medical record:</p> <ul style="list-style-type: none"> <li>• Patient refuses to participate</li> <li>• Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status</li> <li>• Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools (e.g., certain court-appointed cases; cases of delirium)</li> <li>• Patient has an active diagnosis of depression</li> <li>• Patient has a diagnosed bipolar disorder</li> </ul> <p><i>(Justification for any of these findings should be documented in the patient's medical record)</i></p> <p>A patient is not eligible for the Screening for Clinical Depression and Follow-Up Reporting Measure he or she meets one or more of the following exclusion criteria:</p> <ul style="list-style-type: none"> <li>• Patients who are younger than 12 years</li> <li>• Patients treated at the facility for fewer than 90 days</li> <li>• Facilities with a CCN open date after July 1, 2016</li> <li>• Facilities treating fewer than 11 qualifying patients during the performance period</li> </ul>

<p><b>How many patients have to agree to complete this depression tool before the clinic is dinged?</b></p>	<p>In order to receive full points for the reporting measure, a facility is required to select one of the six conditions for each eligible patient. Regardless if a patient refuses to be screened for depression the facility must still report to receive credit. Two such conditions address a situation where the patient was not screened at all and can be used when a patient declines to be screened. If a patient refuses to be screened and the facility possesses documentation of such refusal, the facility will need to select option #5 (i.e., “Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible”). If the patient refuses to be screened and the facility does not possess documentation then select option #6 (i.e., “Clinical depression screening not documented, and no reason is given”).</p>
<p><b>What condition is used when a patient cannot or will not participate with screening process?</b></p>	<p>Regardless if a patient refuses to be screened for depression the facility must still report to receive credit. Two such conditions address a situation where the patient was not screened at all and can be used when a patient declines to be screened. If a patient refuses to be screened and the facility possesses documentation of such refusal, the facility will need to select option #5 (i.e., “Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible”). If the patient refuses to be screened and the facility does not possess documentation then select option #6 (i.e., “Clinical depression screening not documented, and no reason is given”).</p>