



NETWORK 12

ESRD Staff Newsletter

Providing education, information and technical assistance to all nephrology disciplines
Volume I, Issue 2

July - September 2002

From The Desk of the Executive Director

Greetings.

The Network #12 office continues to be a dynamic place with many timely and important initiatives intended to improve patient care. An exciting project has been the new Network #12 website now found at www.network12.org. See the adjacent box for a partial list of information and materials available on the site. Our goal is increase your access to important information on a round-the-clock-basis.

The Centers for Medicare and Medicaid Services (CMS) has developed a new system for supplying the patient data submitted to Networks on the CMS forms. The CROWN and VISION Program is a computer-based, software and internet system that allows one to enter and submit CMS forms data electronically to the Network. CMS is working directly with five national dialysis corporations including Renal Care Group, Dialysis Clinics Incorporated, Gambro, Fresenius, and DaVita. The Networks will be responsible for training all other units to use this innovative system. Currently, we are gathering information from all eligible facilities to assess systems readiness and whether or not your unit would like to participate. Initial training will be conducted during the fall of 2002 with additional training dates to follow. Involvement in the program is voluntary, but it offers many benefits to participants. More detailed information will be forwarded to your unit.

The 14th Annual Network Business and Educational Meeting will be held **January 16 – 17, 2003** at the Kansas City International Airport Hilton Hotel. Topics will include the following:



- ☞ Controlling Cardiovascular Risk Factors
- ☞ Preventing Intradialytic Complications
- ☞ Transplantation Update
- ☞ Fostering Patient Compliance and Managing Challenging Behaviors
- ☞ Nutritional Issues
- ☞ End-of-Life Care
- ☞ Patient Safety
- ☞ Acute Renal Failure and ICU Management

In order to accommodate the travel needs of our participants, this year's seminar will begin on Thursday morning and conclude Friday after the speaker and business meeting at lunch.

The National Renal Administrator's Association (NRAA) is planning a pre-conference meeting for Wednesday, January 15 at the same hotel.

Network #12 Website Features

- ☞ Timely and important notices
- ☞ Dialysis patient prevalence by zip code
- ☞ Patient and staff newsletters
- ☞ 2000 Annual Report
- ☞ Facility roster
- ☞ Long-term program form
- ☞ Conditions for Coverage (ESRD Medicare Regulations) under FAQ's
- ☞ Overview of Network #12
- ☞ Board and staff rosters
- ☞ Grievance form and summary of grievance process
- ☞ Monthly roster supplemental form
- ☞ Links to other useful websites

Needlestick Safety

"In A Box"

Early March of this year, Patient Services and the Quality Improvement Departments attended a "Train the Trainer" workshop regarding the OSHA regulation that was implemented last year.

This information was surprising to us, and we were interested in the percentage of facilities that had actually had the opportunity to investigate the products, gain staff input, and redevelop policies, etc. Understanding the time constraints dialysis facilities face everyday, we decided to gather information on the latest products available to facilities and solicit their involvement in a "Box of Anti-Stick" devices. We then asked the facilities to provide information to the Network regarding the opportunity to implement the new regulation.

The preliminary information returned has indicated that an overwhelming majority (seventy percent) of facilities feels this program could be beneficial. Seventeen percent of the responding facilities were unaware of the change in regulations. These two pieces of information validate the value of this project for the facilities.

We have gathered products from the manufacturers and began distribution this month. Each "box" will contain the different products from the willing vendors, contact information, the OSHA guidelines, evaluation tools, and sample policies to assist units in developing their own. In October and then again in January, we will evaluate the benefit of the program to the clinics. This information will then be offered for presentation at the next Forum of Networks meeting in Baltimore, roughly around March of next year. Any comments you would like to include for the evaluation would be greatly appreciated.

Although some facilities have specified that their policies and equipment have been modified to conform to the new regulation, all facilities will receive a "box". The information provided from the clinics was anonymous and non-punitive. The only way to accommodate the 70% of facilities stating this is a benefit is to provide the information to everyone.

If any questions arise regarding this program, or for further information or suggestions to include to assist you in the development of policies, forms, documentation or other, do not hesitate to contact Patient Services @ 816-880-9990, ext. 18.

Vendors currently willing to supply product for your evaluation are as follows:

New Medical Technology
Medisystems
Progressive Medical
Retractable Technologies
North American Medical Products
Nipro Medical Corporation

ITL Corporation
Safe-Tec
MyCo Medical
Molded Products





From The Desk of DATA...

...Finessing the Forms

The Networks' authority to collect data is provided by statute under the Social Security Act, 42 U.S.C. sections 1395rr (c)(2)(F). Congress has directed that the Networks are responsible for "collecting, validating and analyzing such data...". Below is an article provided to assist you and your staff with completion of the forms required by Centers for Medicaid & Medicare Services. Consider copying this information for future use.

A Medical Evidence form (CMS-2728) is required to be submitted by the Medicare-approved, ESRD facility that provides an ESRD patient's **FIRST** outpatient treatment, **regardless** if the patient will remain with that facility or not. If your facility is a hospital that provided one outpatient treatment before releasing the patient, the form is required by your facility. If your facility admits a patient recently released from a hospital, check to see if one outpatient treatment was provided by the hospital. If not, your facility is required to do the form. **DO NOT** send either the yellow copy or a photocopy of the CMS-2728 form along with the green copy to the Network. **One good legible copy is sufficient.**

Our new system now counts the following omissions as **INCOMPLETE** on the 2728 form:

- ☞ Missing patient zip codes
- ☞ Missing PD training information, (if applicable). This is **REQUIRED regardless** of Medicare status (*as the form erroneously says*).
- ☞ Missing physician's UPIN, **EVEN** if the physician's signature is legible enough to determine the name.

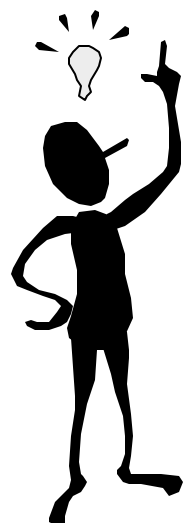
An updated CMS-2728 is required on **ANY** patient whose rejected transplant occurred more than three years after their transplant. All new information is required to '**re-register**' them as an active ESRD patient. Blocks #27 - 29 are the only historical information requested. Skip Blocks #30 - #32, but fill out the rest of Section C. If the patient rejected the transplant in less than three years, submit a "*partial*" form to Social Security so the patient's benefits are not terminated at their 3-year anniversary. **Partial** means you can skip Blocks #10 through #18 since the form will not be resubmitted to CMS by the Network.

Lab values may be given on the 2728 form if taken within forty-five (45) days **AFTER** the date of the first ESRD treatment (entered in Block #23). (*The directions say only before that date.*)

A blank Death Notification (HCFA-2746) form can be **photocopied, filled out, & faxed** to the Network **whenever** a patient expires. Keep the original for your records. The form **DOES NOT** have to be green or mailed. **Please don't send the yellow copy.** If you fax a death notice, **DO NOT** submit a supplemental roster sheet on the patient.

Any Death Notification received that gives a code #98 (Other identified cause of death) as ESRD, renal failure, complications from diabetes or hypertension, or withdrawal from dialysis will automatically be marked as **INCORRECT**, and a code #99 (cause unknown) will be entered. **CMS DOES NOT ACCEPT GENERALIZED DISEASES DIAGNOSES, (e.g. RENAL FAILURE), THEY REQUIRE THE SPECIFIC CAUSE OF DEATH, (e.g. ACUTE MYOCARDIAL INFARCTION) regardless** of the requirements for an actual Death Certificate. If the specific cause of death is unknown, using code #99 is quite acceptable.

If you have any questions regarding this information, do not hesitate to contact Glenda from the DATA department at 816-880-9990, extension 14.



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Quality Improvement Projects Update

Hemodialysis Adequacy QIP:

- ∞ The study Data has been forwarded to our statistical analyst for review.
- ∞ The final report is to be sent to CMS by August 30, 2002.
- ∞ The final report will be on our website, at the Network Annual Meeting, and in the Annual Report.
- ∞ **Thank you** for forwarding your post-study input. This information helps us to analyze this project and in the planning of future projects.

Stenosis Monitoring QIP: (Aug = month 7 of the study)

- ∞ We enjoyed meeting you at the One-Day Educational Seminar on May 14, 2002! That was fun!
- ∞ **Thank you** for sending in your monthly data and validation information when requested!
- ∞ The project is going along as per the CMS timeline

Clinical Performance Measures (CPM):

- ∞ **Thank you** for sending in the forms!
- ∞ CMS will analyze the data and compile a report, which will then be distributed later this year.
- ∞ The project is going along as per the CMS timeline.

Vascular Surgeon Database:

- ∞ We want to THANK those of you who provided us with contact information for your vascular surgeons!
- ∞ We now have a listing of over 225 surgeons located in the four-state area!
- ∞ This information will be used for the purpose of collaboration, information, and education. (Feel free to continue to send us updates.)

THANKS AGAIN, Sarah & Cathy.

Upcoming to a Unit Near You...

United States Renal Data Service (USRDS) Cardiovascular Special Study:

It's coming soon! More information will be forwarded to facilities (selected by CMS) about this study during the summer and fall months. The focus will be on dialysis patients who have had Myocardial Infarction and associated mortality issues.

Nutrition Special Study:

Just F.Y.I.! CMS is considering initiating a nutrition study involving in-center hemodialysis patients. This is still in the planning stages right now. More information will be forwarded to dialysis facilities as it becomes available.

