

## CMS DELAYS FULL CROWNWEB ROLL OUT, OPTS TO EVALUATE IN PHASES

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CMS has decided that the end stage renal disease (ESRD) CROWNWeb reporting system, scheduled to begin for all dialysis organizations on Feb. 1, will now be phased in with just a select group of facilities nationwide participating on the start date. Though few details were included in the Jan. 16 memo to congressional health staff and ESRD networks, an agency official tells Inside CMS the first-phase participants will be determined largely on geographic diversity -- urban versus rural -- so CMS can get an accurate read of the factors involved in rolling out the system based on differing financial burdens, facility practices and patient populations.

ESRD industry sources welcomed the change but say they will remain cautiously optimistic until CMS determines more details for the first phase.

Barry Straube, a nephrologist and CMS' chief medical officer and director of the office of clinical standard and quality, said the first phase beginning Feb. 1 will include a sample of large dialysis organization (LDO) and small dialysis organization (SDO) facilities, but a definite number has not yet been released.

"We were saying all along that the data is meaningless if it's not correct," Straube said. The agency constantly reassessed the program and as it got closer to beginning CMS "just felt that this is too important a system to not get going on, but at the same time it's too important a system to have any chance of inaccurate results or a massive burden imposed on people that would interfere with patient care," Straube told Inside CMS.

The renal CROWNWeb reporting system was developed (after being put off for years) so that CMS could collect data to develop by 2012 a quality reimbursement and bundled payment system. As the start date for CROWNWeb reporting approached, the National Renal Administrators Association (NRAA) and others voiced concern about the system. NRAA said it would impose undue financial burden on SDOs and potentially result in inaccurate data submission because smaller facilities under the current system must manually enter data, whereas LDOs can, for the most part, "batch" submit -- a more automated process than the manual, single-user interface (see Inside CMS, Dec. 25, 2008).

A delegation of Washington state lawmakers sent a letter to CMS asking for program changes and specifically the exclusion of SDOs.

Straube said CMS is coordinating with a subset of ESRD networks who are in communication with providers to find facilities for the first phase. CMS expects a "fair number" of facilities will willingly volunteer for the first phase that CMS said in its announcement of the renal CROWNWeb changes will be reevaluated by the summer. Before the end of 2009 Straube expects the second phase to begin, but that is also dependent upon the findings of cost, staffing burden and reporting accuracy.

Joyce Jackson, president and CEO of Northwest Kidney Partners based in Washington state, tells Inside CMS that using a sample of batch submitting facilities and single-user interface (the manual submission) is “a very rational approach.”

“We are pleased that CMS listened,” Jackson said. “We will follow the model that we’ve followed before ... We don’t lose data, it’s not going backwards it’s just continuing what’s [been] going to CMS.” The model facilities have followed in the past includes submitting to CMS data on 5 percent of patients, as opposed to reporting 100 percent of that information under the renal CROWNWeb system.

A NRAA spokesperson said the association appreciates that CMS is attempting to strike a balance, but they’re eager for details given that the deadline to begin, even if just for the first phase, is quickly approaching. “Clearly the program was not ready for prime time,” the spokesperson tells Inside CMS.

Also reacting to the changes, an industry consultant said it’s a positive move, though not surprising given the outcry to amend the program or delay inclusion of SDOs, but most in the industry are still cautious because of the lack of clarity about how renal CROWNWeb will roll out. Because data collected through CROWNWeb will be used to implement value-based purchasing, the consultant said it’s vital to ensure the information is correct. There is also concern in the industry that “the data being submitted is consistent across the board and there is not an onerous burden on some of the facilities,” the consultant said.

A House Democratic aide said CMS addressed the criticisms of the program, but the objective “is getting ESRD bundling rolled out on time with a strong quality component that addresses both large and small dialysis centers.”

Straube emphasized that the first phase is a test of the batch submission process as well. Should it prove to be as useful as expected, CMS will accelerate extending eligibility for batch submission to smaller facilities.

He cautioned that industry stakeholders complaining that SDOs without the ability to batch submit like the LDOs have inaccurately calculated the financial burden of manual submission. “We think there will be some cost savings, or at least some trade offs” once CROWNWeb is used, Straube said.

Industry stakeholders should also realize that batch submission applies primarily to data that supports the calculation of clinical performance measures (CPMs). Not all CPMs can be batch submitted, he said, and even LDOs using what stakeholders believe is the easier submission system will have to submit some administrative and clinical data using the manual system SDOs will initially use.

SDOs must also consider that without a vendor to act as the intermediary for facilities to batch submit, the process isn’t possible. CMS is “working with NRAA to ascertain the capability of the private sector vendor community to help them with batch submit,” Straube said.

CMS is also keeping an eye on recommendations and data released by the Medicare Payment Advisory Commission that found LDOs, because of economies of scale, have greater margins than SDOs. Straube said watching that aspect is important as the agency implements the program while trying not to disturb quality of care.