

Renal Network 11 Medical Review Committee Guidelines for the CMS Data Compliance Requirement

The mission of Renal Network 11 is to assess and improve the quality of care provided to individuals with end stage renal disease. Timely and accurate data is essential to achieving this mission. Just as the Medical Review Committee issues recommended treatment goals on important clinical parameters, it acknowledges the importance of data integrity and presents the following guidance on the data compliance requirement of Centers for Medicare & Medicaid Services (CMS).

About the CMS Data Compliance Report

CMS requires all ESRD Networks to distribute data compliance reports to all facilities on a semi-annual basis. The reports are based on all Medical Evidence (2728) and Death (2746) forms submitted by facilities in a 6-month and 12-month time period. Contents include:

- Each patient name
- Date form received by Network
- Date form returned to facility (for correction/completion)
- Date corrected form received back at Network
- Indication if form was late (late is defined as more than 45 days after the patient's first ESRD treatment for the 2728 and more than 30 days from the patient's death for the 2746)
- Indication if form contained errors (lists specific fields on form where errors were made)
- The facility's overall compliance rate

Methods of Fostering Improvement in Facility Data Compliance Rates

Option A: Publish MRC guidelines (including intervention options on page 2) re: the CMS data compliance requirement.

Option B: Publish annual compliance rates of all facilities in the Network 11 Annual Report.

Option C: Publish annual compliance rates of all facilities on the Network 11 Website.

MRC Guidelines

CMS Requirement	Best Practice
≥ 90% combined compliance rate for timely and accurate forms	100% combined compliance rate for timely and accurate forms

- Facilities will maintain and follow an internal policy for achieving CMS data compliance requirements.
- Facilities will carefully monitor and evaluate compliance rates using the semi-annual reports issued to Facility Administrators by Network 11.
- If Network 11 identifies chronic poor performance, facilities will provide quality improvement plans when requested.
- Facilities may request periodic performance reports from Network 11 to aid them in monitoring improvement.

Intervention Options

Intervention Option	Criteria	Description
Option 1: Letter of commendation	Facility achieves $\geq 90\%$ combined compliance rate required by CMS.	
Option 2: Letter requesting review and enhancement of procedures.	Facilities achieving $<90\%$ combined compliance rate required by CMS.	Letter accompanies 6-month performance report, indicating failure to meet CMS goals with: <ol style="list-style-type: none"> (1) request that facility review and enhance reporting procedures; (2) notice that facility has been reported to the CMS Regional Project Officer (required by CMS) (3) reminder that if compliance not achieved at 1-year, a corrective action plan will be requested.
Option 3: Letter requesting corrective action plan	Facility does not meet $\geq 90\%$ combined compliance rate required by CMS for ≥ 1 year.	Letter accompanies 12-month performance report, requesting a corrective plan with monthly or quarterly outcome follow-up.
Option 4: Performance update	Facility with corrective action plan	Letter accompanies an interim report on performance, indicating whether or not facility has improved within 3 and/or 9 months of corrective action plan.
Option 5: Letter from Network 11 to Facility Medical Director	Facility has not achieved $\geq 90\%$ combined compliance rate required by CMS within 1 year of request for CAP.	Letter from Network 11 Executive Director and MRC President to Facility Medical Director, notifying them of chronic noncompliance with CMS data reporting requirements. May cite Renal Physician's Association (RPA) guidelines and alert them to possibility of notice to State Survey office.
Option 6: Letter to State Survey office	Facility has not improved compliance rate within 1.5 years of CAP. —OR— Facility has not achieved $\geq 90\%$ combined compliance rate required by CMS within 2 years of CAP.	