

# ESRD Facility Handbook Appendices

## ESRD Facility Handbook Appendices Overview

This resource contains the appendices referenced in the ESRD Facility Handbook.

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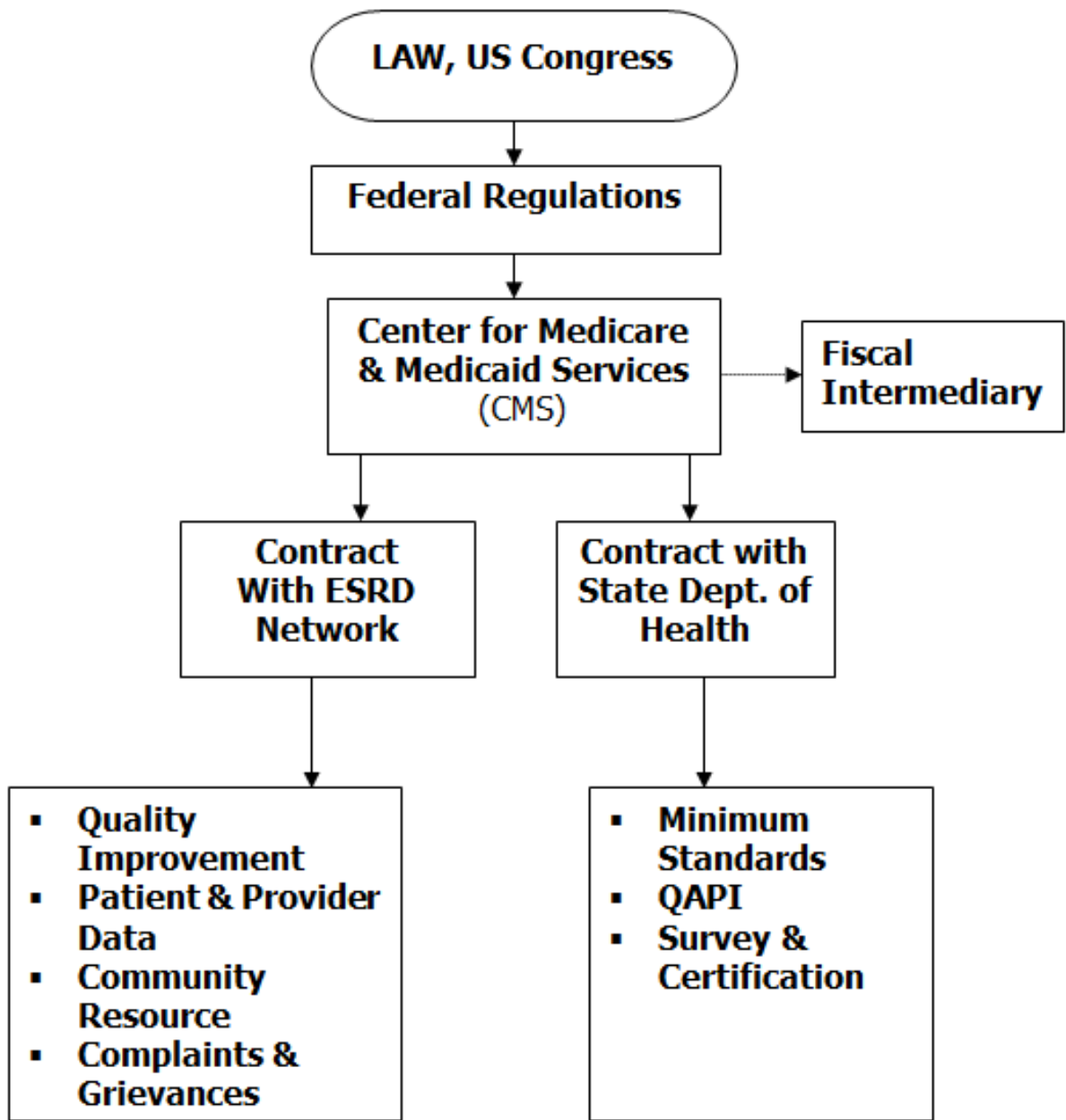
- Appendix A: Authority and Roles of the ESRD Networks and the State Survey Agency
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If you have any questions about these appendices, please feel free to contact us. The Network staff and the Medicare Review Board (MRB) are available to assist you in meeting your professional needs and the needs of your ESRD patients and their families and/or caregivers.



END STAGE RENAL DISEASE  
NETWORK OF TEXAS

## Appendix A: Authority and Roles of the ESRD Networks and the State Survey Agency



## Appendix B: ESRD Network 14 Compliance Policy

The Network has always enjoyed a high degree of compliance and cooperation from facilities within the Network. Mutually beneficial relationships have been developed through the years, and there is every expectation that this type of relationship will continue in the future.

To maintain and foster the cooperative ongoing relationship that currently exists, the Network will keep the facilities well informed of Network activities, criteria and standards, policies and procedures, as well as having competent, knowledgeable staff available to answer questions and provide guidance and assistance as required for all phases of Network operations.

Depending on the area of activity involved with compliance, different approaches will be used. Facilities will know exactly what is expected of them in the areas where compliance could be a problem—data, quality improvement, and patient services.

Facilities are responsible for data and CMS form submission in CROWNWeb. The Network staff is here to support facilities in meeting data submission requirements. Each area of data has its own submission requirements. The Network periodically generates a facility specific summary of each facility's data noting any missing data elements. The facility is then given a specific response time to provide the missing information. The frequency of these notices may increase as important deadlines approach and is changing as CMS directs increased goals for facilities to submit data.

To achieve quality improvement compliance, the Network will work directly with the facility director and medical director and provide educational opportunities to enhance understanding of quality activities.

**It is a statutory requirement for all Medicare certified ESRD facilities to participate in Network activities and pursue Network goals as a condition for Medicare coverage.** The Network will make every effort to achieve and expects to have voluntary compliance from the facilities in ESRD Network 14's geographical area, but if recalcitrant facilities are found, they will be reported to CMS. The Network has established a **CMS WATCH LIST**:

Accrual to the **CMS WATCH LIST** is the first in a sequence of steps that may lead to a request to CMS for a financial sanction. Facilities that are non-compliant with project deliverables will receive one verbal and one written notice with a requirement for submission within seven business days. If the information is not received in that timeframe, a formal notification will be sent to the Facility Administrator with a copy to the Medical Director and corporate representatives, if applicable, with a 10 business day timeframe for submission of the required data/information. Facilities that remain on the **CMS WATCH LIST** past the response date listed above will be reported to the CMS Regional Office, the Medical Review Board, and the Texas Department of State Health Services (DSHS) as an alert for any future surveys. CMS monitors reports of non-compliance and requires routine surveillance to determine if other Conditions for Coverage are being met. **CMS WATCH LIST** facilities will have all of their Network requirements scrutinized at a more intense level to determine if the current non-compliance is an indicator of system-wide non-compliance.

## Appendix B: ESRD Network 14 Compliance Policy (cont.)

If the Network identifies a facility that is not cooperating with the Network in meeting the goals and objectives and is considering reporting non-compliance to the CMS Regional Office, the proposal will first be discussed with the Network's CMS Project Officer. The CMS Regional Office has the responsibility for the **actual** implementation of an alternative sanction. The Regional Office will make the determination whether to sanction the facility.

The Network will only report a recalcitrant facility if it fully documents that the facility:

- Consistently fails to cooperate with Network plans or goals as specified in the Network's contract with CMS
- Consistently fails to follow recommendations of the Medical Review Board, which have been approved by CMS
- Fails to permit the Network Medical Review Board, without just cause, to conduct an onsite review
- Fails to submit data as required to prepare the Network annual report

The following general guidelines will be followed and documentation compiled when the Network determines that an ESRD facility should be reported for failing to cooperate with the Network goals and objectives:

- Documentation that the facility was notified of the Network's goals and objectives.
- The Network will document that it has informed the facility of the Network's goals and objectives; specifically, the goal, objective, or plan that the facility has failed to meet. This will be in the form of written correspondence between the facility and the Network.
- Documentation that the facility failed to meet Network goals, objectives, or plans.
- The Network will document the actions it took to inform the facility that a) it was not complying with the Network's goals, objectives, or plans, and b) what actions the Network would take if the facility refuses to cooperate. This will be in the form of written correspondence, sent by certified return receipt mail.
- Documentation that the facility was provided the opportunity to make corrections.
- The Network will document the actions it took to assist the facility in resolving the problem. Documentation of all follow-up actions taken by the Network to resolve the problem (e.g., documentation of phone calls to the facility asking for specific information), will demonstrate the Network's attempt to work with the facility to resolve the problem. Documentation that the facility failed to submit a Corrective Action Plan or submitted an unacceptable Corrective Action will be maintained.

## Appendix B: ESRD Network 14 Compliance Policy (cont.)

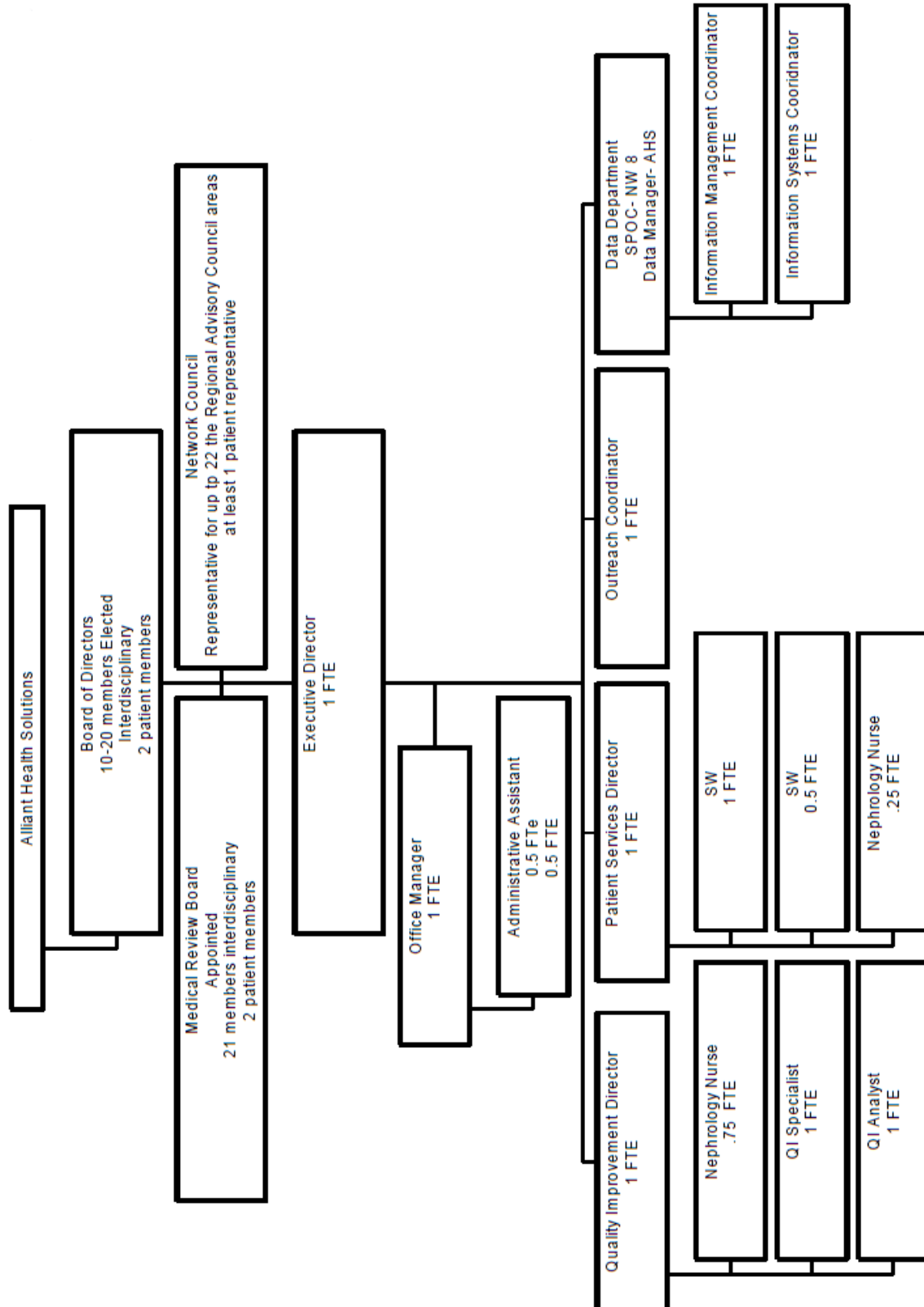
When the Network Board of Directors determines that a facility is recalcitrant in cooperating with and meeting the Network goals and objectives, a cover letter will be sent to the appropriate CMS Regional Office Associate Regional Administrator for Health Standards and Quality. The letter will include the name, address, and Medicare provider number of the facility, the Network goal or objective that the facility failed to comply with, and a brief summary of the basis for the report of recalcitrance. An outline of what documentation/action the facility must submit/follow in order to be in compliance, the individual in the Network whom the Regional Office can contact for further information/assistance, and the name and phone number of the Network's CMS Project Officer will be included with the letter.

Copies of all documentation listed above and any Network policies/procedures that are applicable will be enclosed in the correspondence.

The Regional Office will determine if it has sufficient information to process a sanctioning action and the type of sanction to impose. The Regional Office will contact the Network if additional information and/or assistance is needed to process the case. The Regional Office will notify the facility of the sanction imposed, the facility's appeal rights and the procedure for the removal of the sanction. The effective date of the sanction is at least thirty days after the date of the notice to the facility.

An alternative sanction remains in effect until the facility is in substantial compliance with the requirements to participate in the Network's activities and pursue the Network's goals, or the facility is terminated from the Medicare program for lack of compliance by CMS Regional Office. The Regional Office will remove the sanction when the facility demonstrates and documents that the reason for the sanction is eliminated. The Regional Office may ask for the Network's assistance in verifying the facility's compliance with the requirements.

# Appendix C: ESRD Network 14 Organizational Structure



## Appendix D: ESRD Network 14 Patient's Rights and Responsibilities

The patient has the **RIGHT** to:

1. Be treated at the facility of choice
2. Be fully informed by their personal physician of their medical condition unless medically contraindicated and so recorded in the medical
3. Be treated with consideration, respect and full recognition of his individuality and personal needs, including the need for privacy in treatment, interviews and examinations to the extent possible
4. Be made aware of his/her rights and responsibilities that include rules governing patient's conduct (these to be posted at facility at all times)
5. Accept or refuse any medication or treatment offered to him, and be informed of risks/consequences of such action
6. Be afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research
7. Be informed of all services available and charges of the facility not covered under Medicare and/or other insurance
8. Be ensured confidential treatment of his personal and medical records, and to approve or refuse release of such records to any individual outside the facility, except in case of his transfer to another health care institution or as required by Federal, State, or local law
9. Receive competent, high quality medical care delivered by trained and competent personnel
10. Be informed of alternative forms of treatment and be assisted in exploring alternatives including referral for further discussion or evaluation if needed, and supported in reaching long-term treatment goals
11. Be informed of all treatment options and has the right to change their modality of therapy when feasible and approved by the physician or dialysis facility
12. Voice grievances and recommend change in policies without fear of discrimination or reprisal ) (Grievances and recommendations may be addressed to facility staff, administrator, the Network Council, or regulatory agencies with jurisdiction over the facility.)
13. Discontinue treatment at any time to the extent permitted by law

**\*\*No patient may be transferred or discharged against their will except for medical reasons, for his/her welfare or that of other patients, or for non-payment of fees (except as prohibited by Title XVII of the Social Security Act). The patient must be given advance notice to ensure orderly transfer/discharge and such action must be documented in the medical record.**

## Appendix D: ESRD Network 14 Patient's Rights and Responsibilities (cont.)

The patient is **RESPONSIBLE** for:

1. Understanding his/her health problem and services/treatments being provided
2. Following the instructions/recommendations of their physician or assuming full responsibility for his/her neglect and consequences
3. Complying with facility rules and regulations which have been developed to protect patients, ensure safety and affect quality care
4. Following the prescribed diet, medications, and treatment in accordance with the physician's orders
5. Arriving on time for treatment and giving advance notice (when possible) of delay or absence
6. Providing his/her own transportation to and from the facility (If assistance is needed, patient will inform the social worker.)
7. Informing staff of any health problems, changes or concerns
8. Taking an active part in his/her treatment plan and establishing long term treatment goals
9. Payment of all services rendered and should be aware of those services covered by Medicare, Medicaid, or other insurance (It is the patient's responsibility to inform the business office of any changes in coverage.)
10. Behaving and conducting him/herself in a manner that is respectful and considerate of staff and other patients
11. Knowing in specific terms what to do and who to contact in case of an emergency
12. Bringing all home medications to the facility for review when requested
13. Informing the staff or physician if instructions or explanations given are not understood or will not be followed



## Appendix E: Sample Letter to a Local Office of Emergency Services

[Facility Letterhead]

***[Sample Letter to a Local Office of Emergency Services]***

Dear Local Emergency Management Services Coordinator,

This is a letter of introduction regarding our dialysis center.

Dialysis is a life-sustaining medical procedure. Our facility has *(number of stations)* dialysis stations and provides dialysis treatments to *(number of patients)* in the community. We operate *(days of operation)* from *(hours of operation)*. During most shifts we have *(number of staff)* nurses and technicians caring for patients. The majority of our patients rely on forms of public transportation (bus, taxi and ambulance) to get to and from the facility.

Dialysis requires electrical power and water. We have identified our minimal electrical needs as *(maximum load here)*. We use on average *(number of gallons of water)* gallons of water daily. We have contacted *(name of water vendor)* and *(electrical vendor)* regarding our needs and requirements.

This dialysis facility can benefit this community if disaster strikes. The facility could serve as a holding area to treat trauma patients or provide health care support. In addition, the facility has a water purification system, which could be a source of clean water for the community.

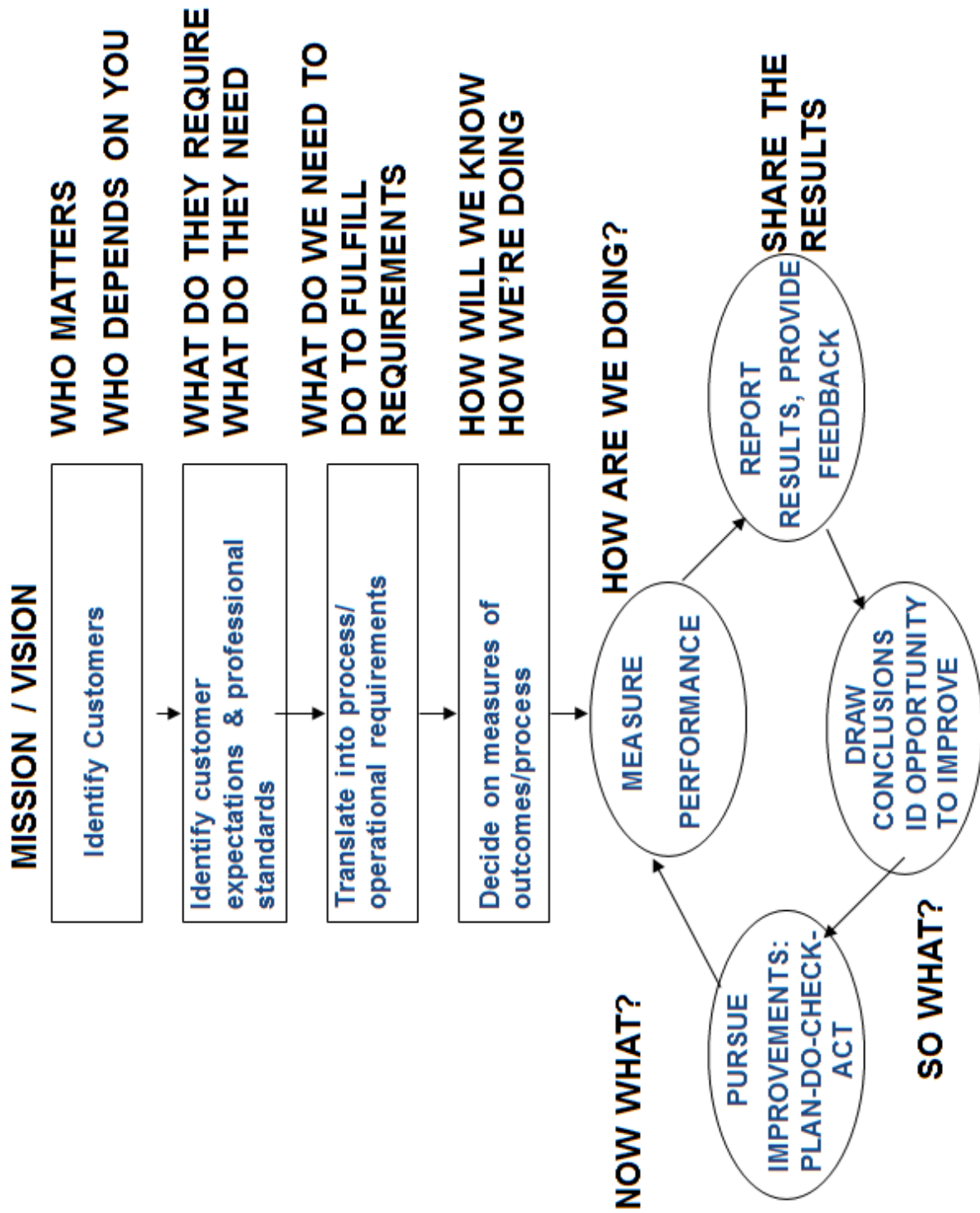
I would like the opportunity to speak with you regarding our emergency plan and determine how we may fit into the county's plan during any major event. Please contact *(Name of Primary contact)* at *(telephone number)* to discuss further.

I look forward to meeting and working with you in the future.

Sincerely,

Facility Administrator/Medical Director

# Appendix F: The Customer-driven Management Method



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