

CRAFT NEWSLETTER

January 2009

Web Resources

[Consolidated Health Informatics - HIPAA Regulations](#)
[CROWNWeb Learning Management System \(LMS\)](#)
[NPI Governance](#)

Coming Events

CRAFT Call
2/19/2008 – 3:00PM to 5:00PM

CROWNWeb Set for February 1st, 2009 Launch!

On February 1, 2009, CMS will move, in a modified fashion, CROWNWeb from its testing environment to a production/implementation environment. CMS will launch CROWNWeb to a small, select group of providers across the country – both large and small-dialysis organizations, as well as independent and hospital-based dialysis facilities. Four ESRD Networks have been chosen to participate in this initial release of CROWNWeb, and CMS and the respective ESRD Network Organizations will communicate directly with the dialysis facilities that will be part of phase I implementation. The Networks that were selected to participate in this initial release of CROWNWeb were announced on Monday, January 26 and included Networks 3, 8, 12, and 16.



All dialysis facilities should continue with normal business operations and reporting requirements as usual, until being phased into CROWNWeb. This includes using the SIMS, VISION, and paper-based methods of submission of data, forms and reports. Facilities that are not part of the first phase of implementation may continue to meet their data submission requirements under the ESRD Conditions for Coverage by continuing to use their current submission methods.

Juicy CROWNWeb Training FAQs

Between January 5th-28th, the CROWNWeb Training Support Team held all-day, hands-on training sessions of the system in 35 states and territories. Attendees asked many good questions regarding the system and business requirements.

Below is an example of the “Juicy” questions that were asked:

Q: Will I still need to send hardcopy of forms such as 2728, 2746, PAR, etc. to my Network, once my facility has been implemented into CROWNWeb?

A: No. Once you enter, and successfully submit the data into CROWNWeb your Network, CMS and anyone who has scope over that patient will be able to see the completed forms.

Go to www.projectcrownweb.org, and click on the **Frequently Asked Questions** link for more FAQs.

CROWN COOL Feature of the Month

CROWNWeb will empower organizations to monitor the facilities where their patients have previously received treatment – by keeping a detailed historical record of a patient’s **Admits** and **Discharges**.

With CROWNWeb, facilities will have immediate access to contact information to use in assisting patients with transient treatment arrangements, and the receiving facility will have ready access to contact information for the patient’s home facility.

Learn more about all of CROWNWeb’s features by clicking on a role in the **Online Courses** section of www.projectcrownweb.org.

Check out the February 2009 issue of the CRAFT Newsletter for the next CROWN Cool Feature of the Month.

Dr. Crown’s FAQ of the Month

Dear Dr. Crown: I currently work at a facility where we have a lot of dialysis patients that come to our unit for only one or two treatments. These patients then go back to their home facility. Will I have to admit each and every one of these patients to my facility as a transient in CROWNWeb? – *Busy Director*.

Dear Busy Director: No. You are not required to “admit” each and every transient patient to your facility. In the event you receive patients evacuated or transferred due to an emergency situation, it is highly recommended that you admit those patients promptly to allow tracking their locations and status. In an emergency situation (e.g., another Katrina), CMS could make the use of the Transient feature mandatory.

Each facility is asked to develop an internal system to decide when to enter a transient patient into CROWNWeb: this could be after one treatment, after five treatments, or after 10 treatments, as long as the patient is considered an admission by transfer after 13 treatments or 30 days.

For future newsletter suggestions or other questions, contact CRAFT@nw7.esrd.net

The information included as part of this newsletter is the latest as of the date of release. Content may be subject to change.