



CROWNWeb

Automatic System Discharge and Transient Patients

October 19, 2009

This CROWNWeb Automatic System Discharge and Transient Patients was developed by FMQAI, the Florida ESRD Network, with funding from the Centers for Medicare and Medicaid Services (CMS) under contract # HHSM-500-2006-NW007C_Modification No. 000024, provided for the ESRD Renal - Requirements, Communication and Training (RCT) Special Project.

Automatic System Discharge and Transient Patients

2 DOCUMENT CONTROL.....	3
3 INTRODUCTION.....	4
4 ASSUMPTIONS	5
5 PAPER LA YOUT	6
6 USE OF SUBJECT MATTER EXPERTS	7
7 GENERATE CROWN HELP DESK SERVICE REQUEST PROCEDURES	8
8 COMMUNICATION PROCEDURES	9
9 PROCEDURES	11
10 FLOWCHARTS.....	12
11 DEFINITIONS AND ACRONYMS.....	13

2 DOCUMENT CONTROL

Document Information

Information	
Document Owner	FMQAI
Document Type Code	SOP
Sequence Number	001
Document Type	SOP
Release Number	1
Release Date	

Document History

Version	Issue Date	Changes
1.0	19-Oct-2009	Initial
1.2	23-Oct-2009	Updated with Community Input
3	Nov. 10, 2011	Updates to the QIMS Reference

Document Approvals

Role	Name	Signature	Date

References:

3 INTRODUCTION

PURPOSE

The purpose of this document is to clarify the process of when it is necessary for a patient to have dialysis performed at a temporary facility as transient patient. The SOP will address when a patient goes outside their normal facility and how the temporary facility will process the patient in CROWNWeb as a transient patient.

4 ASSUMPTIONS

- The patient is already in the CROWNWeb "System"
- Facilities communicate between one another for different reasons
- If a facility uses a BSO to process data, a process will be in place for the facility and BSO communication
- A patient is considered to be a permanent patient after 30 days at a facility
- A facility has up to 90 days to update or change a patients data after discharge

5 PAPER LAYOUT

This paper will define the highest level process for working with transient patients and automatic system discharges generated by permanently admitting a patient into a facility that has not been previously discharged from another facility.

There will be written text defining any generic processes along with flowchart to help with the understanding of the process.

6 USE OF SUBJECT MATTER EXPERTS

FMQAI has consulted with subject matter experts (SMEs) to gather information and define a process to allow consistency nationwide. These SMEs consist of employees of ESRD Network Organizations, Facilities, CMS, and CMS's contractors. FMQAI will continue to use these sources to obtain the specific information needed.

7 GENERATE CROWN HELP DESK SERVICE REQUEST PROCEDURES

Generate CROWN Help Desk Service Request Procedures

1. The Stakeholder contacts CROWN Help Desk by e-mail, by web form, or by phone: esrdhd1@esrd.net, 1.888.ESRD.HD1, or through the CROWN Help Desk Portal <https://mrx-cw-eservice.gcrm.com/crown/welcome.aspx>
2. The Stakeholder explains issues/discrepancies to the CROWN Help Desk for issue documentation.
3. The CROWN Help Desk generates a service request and if unable to resolve, assigns to the appropriate party.
4. The CROWN Help Desk tracks and provides summary reports on outcomes for all service requests to CMS.

8 COMMUNICATION PROCEDURES

These communication procedures will outline generic steps to be taken when questions need to be answered outside one specific entity. The underlying premise of these communications is; the Facilities are responsible for their data. These procedures will include, but is not limited to ESRD Networks, Facilities, CROWN Help Desk, CMS and CMS's Contractors.

A BATCH Submitting Organization (BSO) is the organization that has been delegated the authority to submit data on behalf of a Facility. Communications procedures between the BSO and a Facility are internal processes for each Facility to define as part of its agreement with another entity to delegate authority.

This list is not meant to be a comprehensive list of all scenarios. The intent is to give guidelines that all entities can follow.

- A. It is appropriate for a Facility to contact another Facility (Exception: If prior Facility is within the same BSO entity, follow internal procedures; if a Facility has question for the prior Facility and is unable to contact them, contact the ESRD Network):
 - When a patient has previously received care at another Facility and the receiving Facility has questions about data submitted by (or on behalf of) or missing data from the previous Facility.
 - When a Facility gets a warning of a possible near match and wants to verify the six identifiers to admit the patient in CROWNWeb.
 - When a Facility has deleted an erroneous addition event and needs to advise the prior Facility to delete the erroneous System Discharge that occurred in CROWNWeb (NOTE: Main example of this would be a Facility accidentally transferring a patient in with the wrong status (i.e. permanent rather than transient) causing a System Discharge for the prior Facility. They should call the prior Facility advising them that the incident occurred so the prior Facility is aware that there is an erroneous discharge that needs to be removed).
- B. It is appropriate for a Facility to contact and ESRD Network:
 - For near match issues not related to transferring patient or that cannot be resolved through verification with the transferring Facility.
 - For discrepancies and/or questions between two Facilities about the correct way to report admit/discharge dates in CROWNWeb.
 - To correct or update Facility information for fields that they do not have permission to access.
 - When a Facility has questions about previously entered or missing data from another Facility and they are unable to contact the previous Facility.
- C. A Facility should open a service request through the CROWN Help Desk:
 - When there is a security log-in issue.
 - To report a CROWNWeb System bug or error message.
 - To report a CROWNWeb System enhancement request.
 - To receive answers to questions related to application usability.
 - When their CROWNWeb account has been inactive greater than 60 days and they need access.
 - When there are CROWNWeb data entry error/issues that cannot be resolved within their Corporation and their corresponding ESRD Network.
 - When a Facility has questions about previously entered or missing data from another Facility where the Facility is not within their Corporation and could not be resolved by the ESRD Network.
 - When the CROWNWeb System is down.
 - When an acute patient or an erroneously - entered patient should be removed.
- D. An ESRD Network should contact a Facility:

- When there are any CROWNWeb related discrepancies.
 - For follow-up on unresolved issues such as GAP patient or change requests not completed in a timely manner.
 - For follow-up on Facility pending Certification using the current standard operating procedures in place.
 - When there are noted problems with accuracy or timeliness of data entry.
 - When there are noted problems with clinical data entry (incorrect, missing, late).
- E. An ESRD Network should contact another ESRD Network:
- When a patient transfers from one ESRD Network to another ESRD Network and the ESRD Network encounters a problem with the patient that requires intervention from the previous ESRD Network.
- F. An ESRD Network should contact CMS:
- When a submitted CMS OMB form needs to be deleted.
 - When a Facility needs to be removed from a report such as Vascular Access Reporting (as defined in the Vascular Access Report SOP).
- G. An ESRD Network should open a service request through the CROWN Help Desk:
- When there is a security log-in issue or a security breach.
 - To report a CROWNWeb System enhancement request.
 - To receive answers to questions related to application usability.
 - When there are data entry errors/issues that cannot be resolved through the SUI.
 - To report a CROWNWeb bug or error message.
 - When there are system discrepancies and all other communication efforts have been exhausted.
 - When CROWNWeb System is down.
 - When duplicate patients need to be merged.

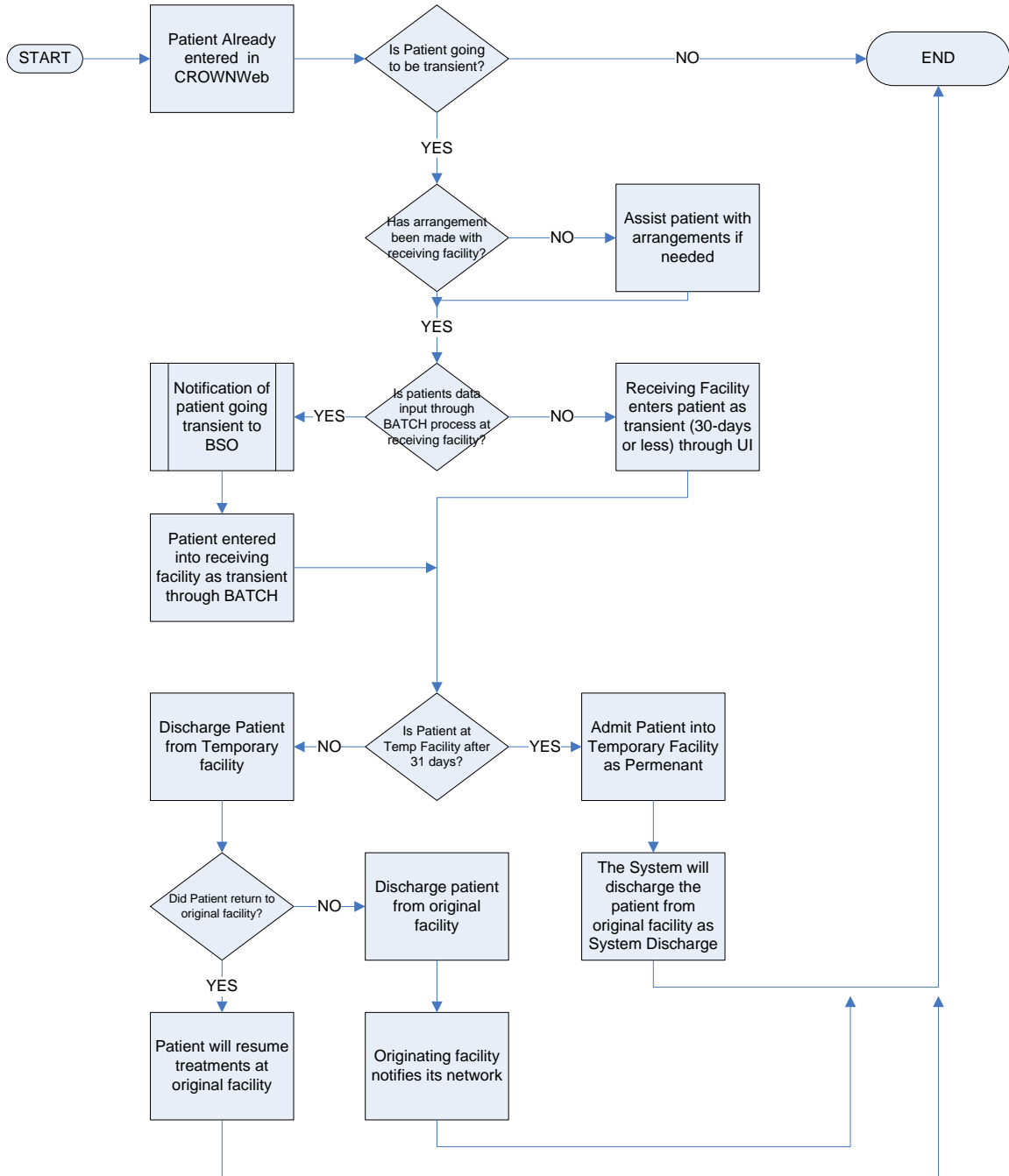
9 PROCEDURES

Automatic System Discharge and Transient Patients

- A. The Patient is already an active patient currently being treated at a facility and enrolled in the CROWNWeb System.
 - If the patient never goes on vacation or to another facility temporarily, there is no action required.
- B. The patient notifies their facility they will be traveling or for some other reason will need to have their dialysis treatment performed at another facility.
 - Identify a facility that can assist the patient for temporary treatment.
 - If the receiving facility updates CROWNWeb through the BATCH process, the facility will communicate, using their pr-established communication process, to indicate the patient to be admitted as a transient patient.
 - If the receiving facility uses the CROWNWeb interface, they will admit the patient through the user interface as a transient patient.
- C. The patient requires treatment at transient facility for the specified amount of time.
 - If the patient stays at the facility longer than 30 days, the patient will be admitted to the transient facility as a permanent patient.
 - Upon admission of the transient patient, as permanent, into the transient facility the CROWNWeb system automatically discharges the patient from the previously admitted facility so the patient is no longer admitted to two facilities.
 - If the patient stays in the transient facility less than 30 days the patient is discharged from the transient facility.
 - If the transient facility uses the user interface to enter data, they will discharge the patient through the user interface.
 - If the transient facility uses BATCH to transmit data into CROWNWeb, the patient discharge will be transmitted through the BATCH process.
 - If the patient does not return to the original facility after being discharged from the transient facility, the original facility should contact its network.

10 FLOWCHARTS

Automatic System Discharge and Transient Patients



11 DEFINITIONS AND ACRONYMS

#	Word	Definition
11.1	BATCH	Electronic data submission.
11.2	BSO	BATCH Submitting Organization (BSO)
11.3	CCN	CMS Certification Number (CCN) also known as Provider Number.
11.4	CROWN Facility Unique Identifier	A system-generated unique characters used in CROWNWeb System to identify a specific Facility.
11.5	CROWNWeb	Consolidated Renal Operations in a Web Enabled Network.
11.6	Data Integrity Issue(s)	Issue(s) relating to the viability of the system or the integrity of the data is endangered by a situation requiring immediate investigation or a facility is unable to use CROWNWeb, and it appears that the problem can only be resolved by CROWNWeb Development Contractor's action (that is, it's not a password problem, a user-registration problem, and internet connectivity problem, or a problem with the user's own computer).
11.7	Data Mapping	Compiled data element programmed to connect between two distinct entities.
11.8	Delegation of Authority Form	CMS-10268 Form verifying that the ESRD Facility delegated their corporate entity to submit data to CMS on their behalf.
11.9	Dialysis Facility	A unit (hospital-based or free-standing), which is approved to furnish dialysis services directly to ESRD patients.
11.10	End Stage Renal Disease (ESRD)	The stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.
11.11	ESRD Network Organization	Coordinator of Medicare-related ESRD activities for a Medicare approved ESRD facilities in a designated geographic area. Also referred to as "ESRD Network."
11.12	Incident Report	A form containing details of incidents involving any component of an IT Infrastructure or any aspect of the IT service.
11.13	ISG	Information System Group (ISG) at the Centers for Medicare and Medicaid Services (CMS)
11.14	OrgFacilityCode	Organization Facility Code. This is the ESRD Facility's corporate organization number.
11.15	QIMS	The Quality Net Identity Provisioning System (QIMS) allows CMS, ESRD Network and Facility Security Administrator (SA) the abilities to register new staff members for CROWNWeb, ensure security for CROWNWeb users, minimize the risk of security incidents, and assist in the secure management of patient information.
11.16	QIMS Account Form	A CMS approved form to request for ESRD dialysis facility users access to CROWNWeb System.

#	Word	Definition
11.17	Scope	“Scope” refers to CROWNWeb data that a particular user is allowed to access (typically because it is necessary to complete activities required by the Medicare program). Example: If you work in Facility A, ordinarily data pertaining to a particular patient’s time of treatment at Facility A is “in scope” for you. Patient data relating to times before or after the patient was in your facility’s care are usually “out of scope” for you. Scope controls the access of facility(s) where user can perform their role (tasks they can do).
11.18	Security Administrator	Security Administrator (SA) assists in registering new staff members for CROWNWeb System. They help ensure security for CROWNWeb users.
11.19	Service Request	A Service Request is a mechanism used to track the detection, reporting, and potential resolution of identified problem. Service Request and/or any industry standard terminology.
11.20	SME	A Subject Matter Expert (SME) is a person who is an expert in a particular area.
11.21	SOP	Standard Operating Procedures (SOP) are written procedures prescribed for repetitive use as a practice, in accordance with agreed upon specifications aimed at obtaining a desired outcome.
11.22	Source System	A database, application, file, or other storage facility from which the data in a data warehouse is derived.
11.23	XSD Error	Error generated from XML validation prior to being submitted into CROWNWeb for processing during BATCH submission.