



CROWNWeb

Managing Non-ESRD Patients in CROWNWeb

August 10, 2010

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2 DOCUMENT CONTROL

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4	7/23/2010	<ul style="list-style-type: none">• Reformatting.• Updated procedure for managing acute patients - dependent on whether CMS Forms have been submitted for patient or not• Changed title/verbiage from “Removing Acute or Erroneously Entered Patients in CROWNWeb” to “Managing Acute or Erroneously Entered Patients in CROWNWeb”
5	7/29/2010	<ul style="list-style-type: none">• Updated title/verbiage from “Managing Acute or Erroneously Entered Patients in CROWNWeb” to “Managing Non-ESRD Patients in CROWNWeb”• Changed definition of “Acute” in Glossary• Added Assumption #8• Minor edits received as feedback from community

References:

CROWN Memo Number 07-0369-GN Subject: Deleting Acute Data from SIMS

CROWN Memo Number 10-0506-GN Subject: Standard Information Management System (SIMS) & Renal Information Management System (REMIS) Acute Patient Deletions Standard Operating Procedure (SOP), 04/19/2010

3 ACRONYMS

Acronym	Literal Translation
BSO	Batch Submitting Organization
CMS	Centers for Medicare & Medicaid Services
CROWNWeb	Consolidated Renal Operations in a Web-Enabled Network
ESRD	End Stage Renal Disease
FMQAI	Florida Medical Quality Assurance, Inc.
OMB	Office of Management and Budget
SIMS	Standard Information Management System
SME	Subject Matter Expert
SOP	Standard Operating Procedure

4 INTRODUCTION

PURPOSE

The purpose of this document is to define the process when non-ESRD patients have been entered into CROWNWeb. Acute patients will be removed from the system if they have no CMS-2728 form submitted, and will remain in the system, discharged as acute, if a submitted 2728 exists. Erroneously entered patients will be deleted from CROWNWeb.

5 GLOSSARY

Acute

As defined on the CMS-2728 (OMB 0938-0046) Form, acute renal failure is a condition in which kidney function can be expected to recover after a short period of dialysis, i.e., several weeks or months.

CMS-2728

CMS-2728 (OMB 0938-0046) is the ESRD Medical Evidence Report – Medicare Entitlement and/or Patient Registration Form. The information collected on the CMS-2728 will be used to determine whether a patient is entitled to Medicare benefits under the ESRD provisions of the law.

CMS Designee

For the purpose of this document, CMS Designee refers to CMS or the person/group that they appoint to perform system administration tasks requiring CMS approval.

Erroneously Entered Patient

For the purpose of this document, erroneously entered patients are those patients who have been entered in total error and should have never been put into CROWNWeb.

New to ESRD

A patient is New to ESRD when they have been diagnosed with ESRD and receive their first ever kidney transplant or first ever outpatient chronic dialysis treatment at a US-based, non-prison, ESRD-Medicare Certified facility.

Non-ESRD Patient

For the purpose of this document, a non-ESRD patient is a patient whose data has been entered into the CROWNWeb system, but who is subsequently determined not to have chronic End Stage Renal Disease. The patient may have been erroneously entered into CROWNWeb, or it has been established that the patient does not require a regular course of dialysis or kidney transplant to maintain life.

Standard Operating Procedure (SOP)

A Standard Operating Procedure (SOP) is a written procedure prescribed for repetitive use as a best practice, in accordance with agreed upon specifications aimed at obtaining a desired outcome.

6 ASSUMPTIONS

No.	Assumptions
1	This SOP has been created with the intent of Change Request CR 217 (Re-admit patients previously discharged as acute) being implemented.
2	This paper does not define business processes specific to an individual Facility, ESRD Network, BSO and/or CMS Contractor.
3	These are high level business processes with the minimum requirements defined.
4	If a patient with a submitted 2728 is discharged as acute, any clinical data that exists for that patient will be retained in CROWNWeb.
5	The System will look at acute patients upon the submission of new patients for near match or exact match.
6	CMS will determine who the CMS Designee will be and communicate their decision to the stakeholders.
7	If an acute patient has a submitted CMS-2746, the same process will be followed as for an acute patient with a submitted CMS-2728.
8	Change Request CR 198 will be implemented, which will prohibit modifying an admit reason (“New to ESRD”) after a 2728 form is submitted. This means that New to ESRD patients can only be deleted by a CMS Designee.

7 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.

8 GENERATE CROWN HELP DESK SERVICE REQUEST PROCEDURES

1. The Stakeholder contacts CROWN Help Desk by e-mail, by web form, or by phone: support@crownhelpdesk.com, 1.888.ESRD.HD1, or through the CROWN Help Desk Portal <https://www.crownhelpdesk.com>.
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.

9 COMMUNICATION PROCEDURES

These communication procedures outline general steps to be taken when questions need to be answered outside of one specific entity. The underlying premise of these communications is that the Facilities are responsible for their data. These procedures will include, but are 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. Communication 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.

1. 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 a 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 submitted 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 resulting System Discharge that occurred in CROWNWeb (NOTE: Primary 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 from the prior Facility.)
2. It is appropriate for a Facility to contact an 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.
3. 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 to restore their access.
 - When there are CROWNWeb data entry error/issues that cannot be resolved within their Corporation or their corresponding ESRD Network.
 - When a Facility has questions about previously entered or missing data from another Facility not within their Corporation, and the issue could not be resolved by the ESRD Network.
 - When the CROWNWeb System is down.
 - When an acute patient has been discharged, or an erroneously-entered patient should be removed.
4. An ESRD Network should contact a Facility:
- When there are any CROWNWeb related discrepancies.
 - For follow-up on unresolved issues such as Gap patients or change requests not completed in a timely manner.
 - For follow-up on Facility pending Certification using the current standard operating procedures.
 - When there are noted problems with accuracy or timeliness of data entry.
 - When there are noted problems with clinical data entry (incorrect, missing, late).
5. 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.
6. 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 user interface.
 - To report a CROWNWeb bug or error message.
 - When there are system discrepancies and all other communication efforts have been exhausted.
 - When the CROWNWeb System is down.
 - When duplicate patients need to be merged.
 - 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.

10 PAPER LAYOUT

This paper will define at the highest level how erroneously entered patients will be removed from CROWNWeb, and what happens to acute patients that have been entered into CROWNWeb.

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

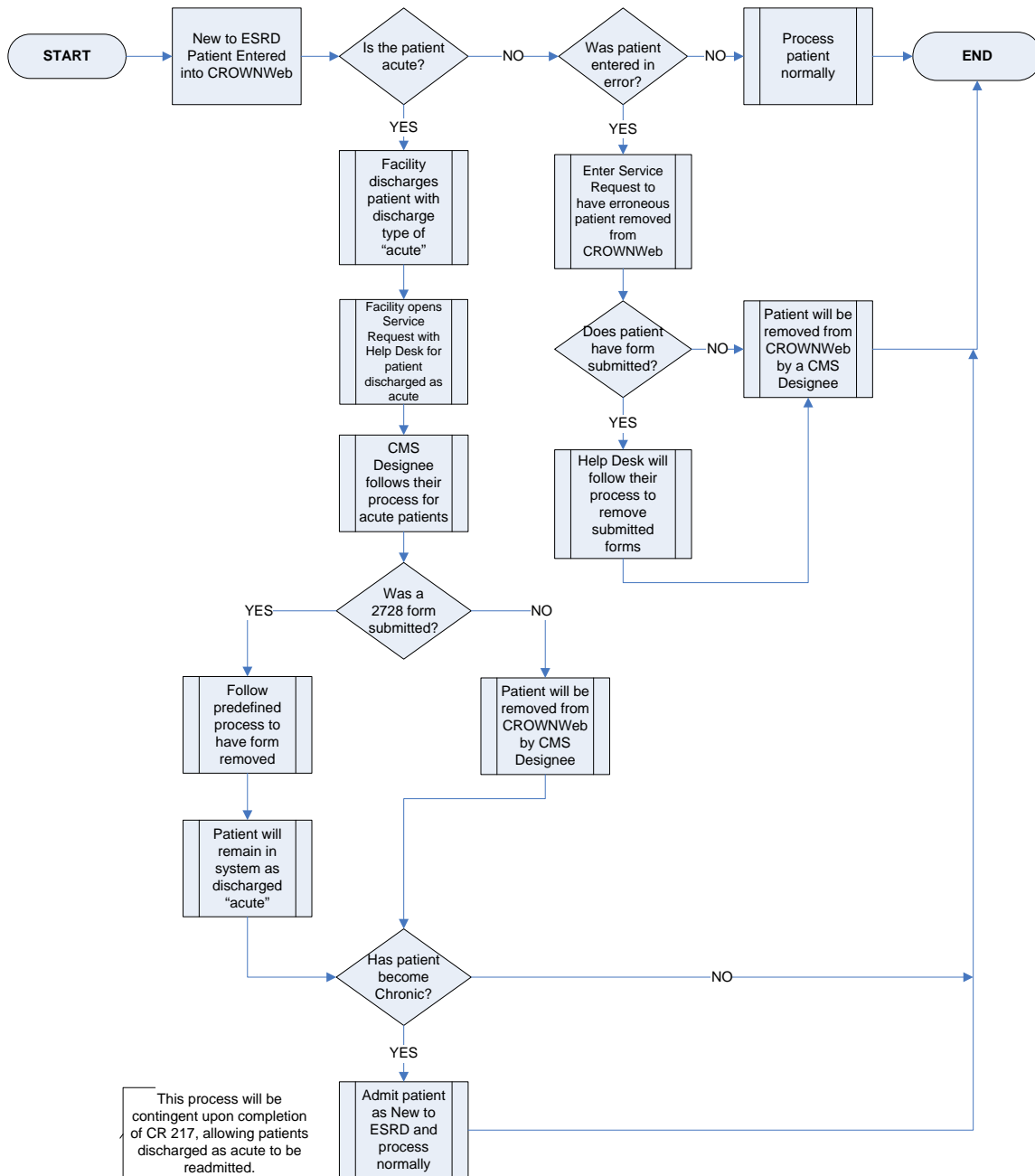
11 PROCEDURES

Managing Acute or Erroneously Entered Patients in CROWNWeb

1. Patient is entered into CROWNWeb as “New to ESRD”.
2. Is the patient an acute patient?
 - Facility discharges the patient with a discharge type of "acute".
3. After the patient is discharged from the facility, the end user discharging the patient will open a service request with the CROWN Help Desk identifying the discharged acute patient.
 - The service request will be sent to the CMS Designee, who will follow their predefined process for patients discharged as acute.
4. Does the patient have a submitted CMS-2728 form linked to the patient?
 - The CMS Designee will remove the submitted form.
 - The acute patient will remain in the CROWNWeb System with a discharge type of "acute".
5. If there were no submitted forms linked to the patient, the CMS Designee will follow their processes to remove the patient from the CROWNWeb system.
6. When/if the patient becomes chronic, the patient will be admitted as "New to ESRD". Note: There should be no existing forms attached to the patient being readmitted into the system.
7. Has the patient been entered in error or should never have been entered into the System?
 - Enter a Service Request to have erroneously entered patient removed.
8. Are there submitted CMS Forms attached to the patient record?
 - The CROWN Help Desk will follow its predefined process to have the submitted form(s) removed.
9. The erroneously entered patient will be removed from the CROWNWeb System by a CMS Designee.

12 FLOWCHARTS

Managing Acute or Erroneously Entered Patients in CROWNWeb



12 FINAL APPROVALS

Document Approvals

Role	Name	Signature	Date