



Connecting the Pieces

CROWNWeb New User Training

*With CROWNWeb Outreach,
Communication, and Training (OCT)*



Streaming Audio

Audio for this event is available via INTERNET STREAMING - No telephone line is required.

Computer speakers or headphones are necessary to listen to streaming audio.

NOTE: A limited number of phone lines are available if you are experiencing poor audio quality – send us a chat message!

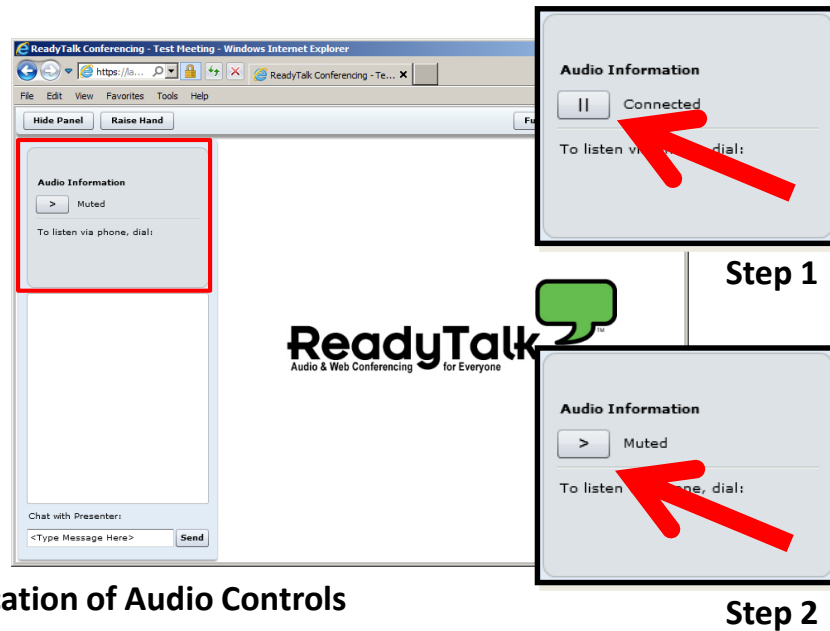


Note: Computer speakers or headphones are necessary to listen to streaming audio.

Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

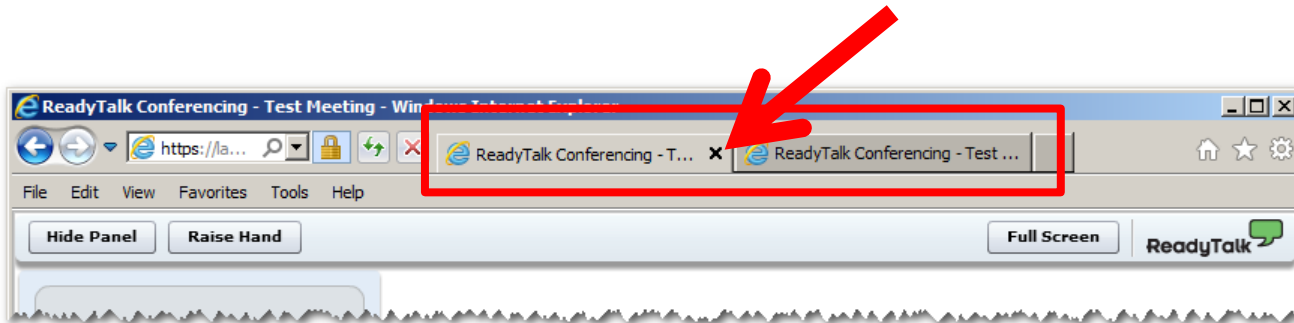
- Click Pause button
- Wait 5 seconds
- Click Play button



Note: Computer speakers or headphones are necessary to listen to streaming audio.

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.

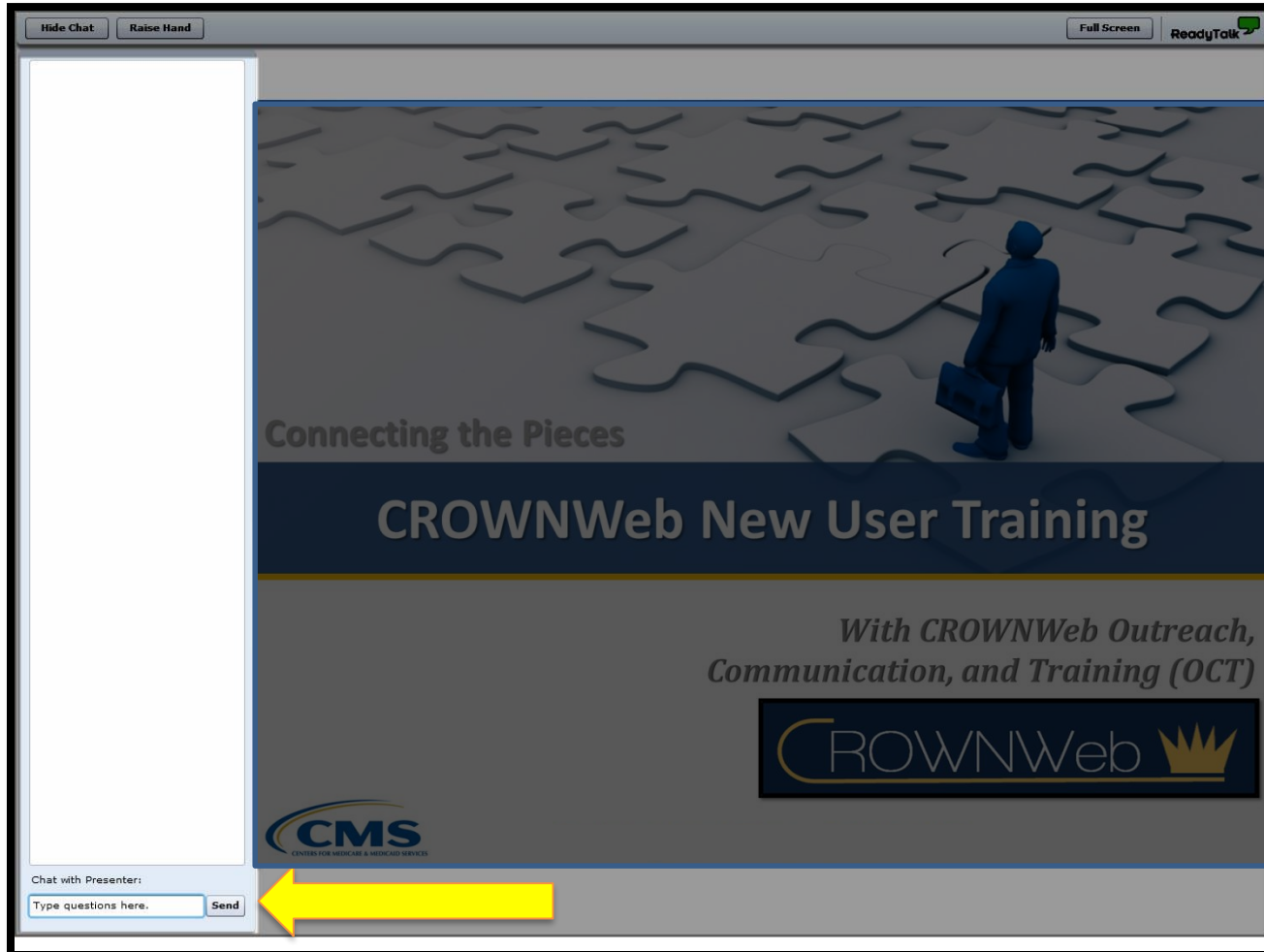


Example of Two Connections to Same Event

Note: *Computer speakers or headphones are necessary to listen to streaming audio.*

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



Note: Computer speakers or headphones are necessary to listen to streaming audio.

CROWNWeb OCT Team

CROWNWeb Outreach, Communication, and Training Team

Michael Seckman, CTT+
Training Manager



Oniel Delva, BA, CTT+
Communications Manager



Kirsten Keating, BSBA
Project Coordinator



Note: Computer speakers or headphones are necessary to listen to streaming audio.

Our Agenda Today

We will cover these major areas within CROWNWeb:

Manage Users Workshop

- Add Facility Personnel

Patient Life Cycle Workshop

- Admit a New Patient
- Patient Attributes
- CMS-2728 Form
- Treatment Information

Patient Life Cycle Workshop

- Enter Clinical Information
- Discharge a Patient
- PART Data
- CMS-2746 Form

Facility Workshop

- Notifications and Accretions

Prerequisite Tutorials

Before You Begin
Edit Facility Default Preferences

How We'll Do Things Today

Each lesson is divided into two parts:

- **Part 1** – Background information
- **Part 2** – Demonstration

NOTE:

Patient data used in this presentation is fictitious.



Adding Personnel to CROWNWeb

Home

Version Number : CROWNWeb 5.0.1-18534

System News

Welcome to CROWNWeb!

Below is a listing of the CROWNWeb features in this release. The production environment contains startup data copied from SIMS, the ESRD Patient Registry maintained by the ESRD Networks.

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Show Help

Search Facilities

Advanced Search

Personnel

Version Number : CROWNWeb 5.0.1-18534

Search Facilities

Facility Search Criteria

% Facility CCN	<input type="text"/>	% Facility NPI	<input type="text"/>	CROWN Fac ID	<input type="text"/>
% Facility Name	<input type="text"/>			Program Type	No Preference <input type="button" value="v"/>
% City	<input type="text"/>				
State	Alabama Alaska American Samoa Arizona Arkansas California Colorado	% Zip Code	<input type="text"/>	Network	Network 1 Network 2 Network 3 Network 4 Network 5 Network 6 Network 7

Search Reset Display Results Per Page 10

Show Help

Search Facilities <

Personnel v

Search Personnel

Add Personnel

Version Number : CROWNWeb 5.0.1-18534

Search Personnel

Personnel Search Criteria

% Last Name	<input type="text"/>	% First Name	<input type="text"/>
¹ UPIN	<input type="text"/>	¹ Personnel NPI	<input type="text"/>
% Job Title	<input type="text"/>		
Job Description	Facility Administrative Support Facility Administrator Facility Alternative Representative Facility Chief Executive Officer Facility Data Contact Facility Dietitian Facility Disaster Contact		

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	Go	³ CROWN Fac ID	<input type="text"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>					v
% City	<input type="text"/>					
State	Alabama Alaska American Samoa Arizona Arkansas California Colorado	% Zip Code	<input type="text"/>	⁴ County	<input type="text"/>	

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[Show Help](#)

Search Facilities <

Personnel v

[Search Personnel](#)

[Add Personnel](#)

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Personnel Search Results - 191 Records Found

Personnel Name	UPIN	Personnel NPI	Job Code Description	Facility	Facility CCN	Facility NPI	Phone Number	E-Mail
ALVERANGA, DENISE	054094		Transplant Center Nephrologist	TAMPA GENERAL HOSP TRANSPLANT CTR			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	CARROLLWOOD ARTIFICIAL KIDNEY CENTER			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	GAMBRO HEALTHCARE - BRANDON			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	RENAL CARE GROUP - NORTH TAMPA			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	ZEPHYRHILLS DIALYSIS			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	WEST TAMPA DIALYSIS			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	FHC - Tampa			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	BRANDON EAST DIALYSIS			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	FHC - YBOR CITY			(800) 844-9302	dalveranga@tgh.org
ALVERANGA, DENISE	054094		Facility Nephrologist	PLANT CITY DIALYSIS			(800) 844-9302	dalveranga@tgh.org

[Search Facilities](#)[Personnel](#)[Search Personnel](#)[Personnel Search Results](#)[Add Personnel](#)Version Number : CROWNWeb
5.0.1-18534

Add New Personnel

Key Personnel Info -

Inactive Record Salutation * First Name Middle Initial * Last Name Suffix Credentials UPIN Personnel NPI Organization
Unique
Personnel
Identifier

Positions

After you are finished adding and/or removing positions, click the Submit button at the bottom of the page to process the transaction.

Position #1

¹ Facility CCN ¹ Facility NPI Facility DBA Name Job Description Job Code Job Title

Personnel Contact Info

Business Name Address Line 1 Address Line 2 Zip Code City State County Business Phone Fax Home Phone Cell Phone E-Mail Alternate E-Mail

Search Facilities

Personnel

Search Personnel

Personnel Search Results

Add Personnel

Version Number : CROWNWeb 5.0.1-18534

Add New Personnel

Key Personnel Info -

Inactive Record

Salutation

* First Name

Middle Initial

* Last Name

Suffix

Credentials

UPIN

Personnel NPI

Organization Unique Personnel Identifier

Positions

After you are finished adding and/or removing positions, click the Submit button at the bottom of the page to process the transaction.

Position #1

¹ Facility CCN

¹ Facility NPI

Go

Facility DBA Name

Job Description Job Code

Job Title

- Select One
- Facility Administrative Support
- Facility Administrator
- Facility Alternative Representative
- Facility Chief Executive Officer
- Facility Data Contact
- Facility Dietitian
- Facility Disaster Contact
- Facility Disaster Contact Back-Up
- Facility Head Nurse/Nurse Supervisor
- Facility Home Dialysis Coordinator
- Facility Manager
- Facility Medical Director
- Facility Nephrologist
- Facility Non-physician Practitioner
- Facility Nurse
- Facility Patient Representative
- Facility PD Nurse
- Facility Primary Contact
- Facility QI Coordinator
- Facility Representative
- Facility Social Worker
- Facility Technician
- Facility Training Coordinator
- Facility Transplant Coordinator
- Other Government Representative
- Other Nephrologist
- Other Non-Physician Practitioner

Add Another Position

Personnel Contact Info

Business Name

Address Line 1

Address Line 2

Zip Code

City

State

County

Submit Reset

- Ext

-

-

-

[Search Facilities](#)[Personnel](#)[Search Personnel](#)[Personnel Search Results](#)[Add Personnel](#)Version Number : CROWNWeb
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Key Personnel Info -

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Position #1

¹ Facility CCN ¹ Facility NPI Facility DBA Name Job Description Job Code Job Title

Personnel Contact Info

Business Name Address Line 1 Address Line 2 Zip Code City State County Business Phone Fax Home Phone Cell Phone E-Mail Alternate E-Mail

[? Show Help](#)

Search Facilities <

Personnel ▾

[Search Personnel](#)

[Personnel Search Results](#)

[Add Personnel](#)

[Edit Personnel](#)

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Personnel Details

Info:
• Personnel Submitted

Key Personnel Info - 2104706715 Submit Date: 07/25/2016

Inactive Record

Salutation:	Credentials:
First Name: Ben	UPIN: A12345
Middle Initial:	Personnel NPI:
Last Name: Casey	Organization Unique Personnel Identifier:
Suffix:	

Positions

Position #1

Facility CCN: 102636	Facility NPI: 1245324995
Facility DBA Name: USF DIALYSIS CENTER	
Job Description: Facility Nephrologist	Job Code: FNEPH
Job Title: Facility Nephrologist	

Personnel Contact Info

Business Name:	Business Phone:
Address Line 1:	Fax:
Address Line 2:	Home Phone:
Zip Code:	Cell Phone:
City:	E-Mail:
State:	Alternate E-Mail:
County:	



Admit Patients in CROWNWeb

Background Information

Things to know before you get started:

- Required whether the patient is new to dialysis or transferring in from another chronic facility.
- You only have access to data for patients who are **admitted** to your facility.
- Use the date the patient first dialyzed at your facility as the **Admit Date**.

Key Identifiers

CROWNWeb user six key identifiers when transferring a patient:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number
- Medicare Claim Number

Admitting an Existing Patient

CROWNWeb searches against key patient data to ensure that the patient does not already exist. There are four possible scenarios that you may encounter when admitting an existing patient:

1. Exact Match – Out of Scope
2. Exact Match – In Scope
3. Near Match – In Scope
4. Near Match – Out of Scope

Transient Patients

A “transient” patient is a patient requiring short-term dialysis at a facility other than his/her home facility on a temporary basis.

Patients are considered transient if they are receiving treatment for fewer than 30 days or 13 treatments.

Facilities must admit every transient patient to their facility via CROWNWeb, and indicate at least the **Transient Reason**.

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Home

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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search Reset Display Results Per Page 10

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb
5.0.1-18534

Admit Patient

Patient Information

* SSN 234-56-7890 SSN N/A

*¹ Medicare Claim Number 234567890A Claim Number N/A

* Patient's First Name Mary

* Patient's Last Name Patient

* Date of Birth 02/02/1951

* Gender Female

* Admit Date 08/15/2016

* Admit Reason New ESRD Patient

² Facility CCN ² Facility NPI

* Facility DBA Name 033503 GILA RIVER DIALYSIS WEST (1500428310)

* Transient Status No

Show Help

Search Patients <

Admit Patient

PART

Action List <

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Admit a Patient - Add Treatment Information

Dialysis Treatment Information

*Treatment Start Date 07/26/2016

*Primary Dialysis Setting Dialysis Time Period

Expected Self-Care Setting

*Primary Type of Treatment Time Per Session (in minutes)

Sessions Per Week

*Attending Practitioner Attending Practitioner NPI

Attending Practitioner UPIN I61436

Type Of Dialysis Training

Dialysis Training Begin Date

Dialysis Training End Date

Next | Reset

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Add Patient Attributes

Key Patient Info

* Patient's First Name	<input type="text" value="Mary"/>	* Date of Birth	<input type="text" value="02/02/1952"/>
MI	<input type="checkbox"/>	* Gender	<input type="text" value="Female"/>
* Patient's Last Name	<input type="text" value="Patient"/>	SSN	<input type="text"/>
Suffix	<input type="text"/>	* Medicare Claim Number	<input type="text"/>
Ethnicity	<input type="text" value="Not Hispanic or Latino"/>	Patient's Self Reporting of Race and Ethnicity	<input type="text" value="Self Reported by Patient"/>

Race (check all that apply)

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe

Country / Area of Origin

Patient Contact Info

Do Not Contact

Mailing Address

Line 1

Line 2

Zip Code -

City

* State

Physical Address (Same as Mailing Address)

Line 1

Line 2

Zip Code -

City

* State

Name of Enrolled/Principal Tribe Country / Area of Origin

Patient Contact Info

Do Not Contact

Mailing Address

Line 1
 Line 2
 Zip Code -
 City
 * State

Physical Address (Same as Mailing Address)

Line 1
 Line 2
 Zip Code -
 City
 * State
 County

Phone / E-Mail Address

Home - Work - Ext
 Cell -
 E-Mail

Misc Info ²

	Current Status	Effective Date
Citizenship	<input type="text" value="US Citizen"/>	<input type="text" value="07/01/2016"/>
* Medicare Enrollment	<input type="text" value="Medicare Application Pending"/>	<input type="text" value="07/01/2016"/>
Employment	<input type="text" value="Employed Full Time"/>	<input type="text" value="07/01/2016"/>
School	<input type="text"/>	<input type="text"/>
Vocational Rehabilitation	<input type="text"/>	<input type="text"/>

Medical Info

* Effective Date

[Show Help](#)

Search Patients

[Edit Patient](#)

[View Patient Attribute History](#)

[Admit/Discharge Summary](#)

[2728](#)

[Admit Patient](#)

[PART](#)

[Action List](#)

Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Info:

- View Patient Details - SUBMITTED

Key Patient Info - 2104874379 Submit Date: 07/25/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN:
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

White
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address	Physical Address (Same as Mailing Address <input checked="" type="checkbox"/>)
------------------------	--

Line 1: 12345 Main Street	Line 1: 12345 Main Street
Line 2:	Line 2:
Zip Code: 33609	Zip Code: 33609
City: TAMPA	City: TAMPA

Admitting Patients Pop Quiz





Viewing and Editing Patient Attributes in CROWNWeb

Show Help

Home

Version Number : CROWNWeb 5.0.1-18534

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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search Reset Display Results Per Page 10

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Patient Search Results - 1 Records Found

CROWN UPI	Name	SSN (Last 4)	DOB	DOD	Gender	HICNUM
2104874379	Patient, Mary	7890	02/02/1952		F	

Show Help

Search Patients

Patient Search Results

Edit Patient

View Patient Attribute History

Admit/Discharge Summary

2728

Clinical Data Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Key Patient Info - 2104874379

Submit Date: 07/25/2016

Patient's First Name: Mary

Date of Birth: 02/02/1952

MI:

Gender: Female

SSN: 234-56-7890

Patient's Last Name: Patient

Medicare Claim Number:

Suffix:

Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Ethnicity: Not Hispanic or Latino

Race (check all that apply)

- White, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address

Line 1: 12345 Main Street, Line 2, Zip Code: 33609, City: TAMPA, State: FL

Physical Address (Same as Mailing Address)

Line 1: 12345 Main Street, Line 2, Zip Code: 33609, City: TAMPA, State: FL, County: Hillsborough

Show Help

Search Patients

Patient Search Results

View Patient Attributes

Admit/Discharge Summary

2728

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Edit Patient Attributes

Key Patient Info - 2104874379 Submit Date: 07/25/2016

* Patient's First Name	<input type="text" value="Mary"/>	* Date of Birth	<input type="text" value="02/02/1952"/>
MI	<input type="checkbox"/>	* Gender	<input type="text" value="Female"/>
* Patient's Last Name	<input type="text" value="Patient"/>	SSN	<input type="text" value="234-56-7890"/>
Suffix	<input type="text" value=""/>	* Medicare Claim Number	<input type="text" value="234567890A"/>
Ethnicity	<input type="text" value="Not Hispanic or Latino"/>	Patient's Self Reporting of Race and Ethnicity	<input type="text" value="Self Reported by Patient"/>

Race (check all that apply)

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe

Country / Area of Origin

Patient Contact Info

Do Not Contact

Mailing Address

Line 1

Line 2

Zip Code -

Physical Address (Same as Mailing Address)

Line 1

Line 2

Zip Code -

Line 2

Zip Code -

City

* State

Line 2

Zip Code -

City

* State

County

Phone / E-Mail Address

Home -

Work -

Ext

Cell -

E-Mail

Misc Info ²

	Current Status	Effective Date
Citizenship	<input type="text" value="US Citizen"/>	<input type="text" value="07/01/2016"/>
* Medicare Enrollment	<input type="text" value="Medicare Application Pending"/>	<input type="text" value="07/01/2016"/>
Employment	<input type="text" value="Employed Full Time"/>	<input type="text" value="07/01/2016"/>
School	<input type="text"/>	<input type="text"/>
Vocational Rehabilitation	<input type="text"/>	<input type="text"/>

Medical Info

* Effective Date

Primary Cause of Death

Date of Death

Death Code [Lookup Death Codes](#)

Death Description

2728 / ESRD Medical Evidence Form

Date Regular Chronic Dialysis Began

Primary Cause of Renal Failure

Show Help

Search Patients

Edit Patient

View Patient Attribute History

Admit/Discharge Summary

2728

View 2746 (Submitted)

Clinical Data Summary

Admit Patient

PART

Action List

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View Patient Attributes

Info:

- View Patient Details - SUBMITTED

Key Patient Info - 2104874379 Submit Date: 08/15/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number: 234567890A
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

White
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address **Physical Address (Same as Mailing Address)**

Line 1: 12345 Main Street	Line 1: 12345 Main Street
Line 2:	Line 2:
Zip Code: 33609	Zip Code: 33609
City: TAMPA	City: TAMPA



Submit an Initial CMS-2728

Show Help

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- Users will be able to search, add, edit, submit, and print facility personnel records.
- Users will be able to admit to and discharge patients from a facility.
- Users will be able to add, edit, and submit patient treatment records.
- Users will be able to search, edit, and submit a patient record.
- Users will be able to enter information associated with the 2728 form for Initial, Supplemental, and Re-entitlement patients (including Initial Dialysis, Initial Transplant, Supplemental Training, Supplemental Transplant, and Re-entitlement forms).
- Users will be able to enter a 2746 form for a patient.
- Users will be able to print blank 2728 and 2746 forms, along with pre-populated 2728 and 2746 forms for patients.
- Users will be able to verify patients and patient data using the PART feature.
- Users will be able to search, add, edit, and submit clinical lab test results and vascular access information for patients.
- Users will be able to add, edit, and submit facility preferences for clinical data.
- Users will be able to create and print a patient roster for a facility.
- Users will be able to run Audit reports for all data added, updated, or deleted in CROWNWeb.

Internet Explorer 7 users should verify the following setting before using CROWNWeb. Close all Internet Explorer windows and open a new Internet Explorer browser window. Then go to Tools -> Internet Options, select the Advanced tab, scroll to the Security section and ensure the "Enable Native XMLHTTP support" option is NOT selected. If the option is selected, apply this change, then return to the application.

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search Reset Display Results Per Page 10

Show Help

Search Patients

Admit Patient

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Version Number : CROWNWeb
5.0.1-18534

Patient Search Results - 1 Records Found

CROWN UPI	Name	SSN (Last 4)	DOB	DOD	Gender	HICNUM
2104874379	Patient, Mary	7890	02/02/1952		F	

Show Help

Search Patients

Patient Search Results

Edit Patient

View Patient Attribute History

Admit/Discharge Summary

2728

Clinical Data Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Key Patient Info - 2104874379 Submit Date: 07/25/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

Physical Address (Same as Mailing Address)

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

County: Hillsborough

Show Help

Manage 2728 Forms (Mary Patient - 2104874379)

Eligible 2728 Forms	Admit Date	Admit Facility	Due Date	Add 2728
Initial Dialysis	07/01/2016	USF DIALYSIS CENTER	08/15/2016	Add 2728

Existing 2728 Forms

No 2728 Forms exist for this patient.

- Search Patients
- View Patient Attributes
- Admit/Discharge Summary
- Admit Patient
- PART
- Action List

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Search Patients ▾

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PART

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Add an ESRD Medical Evidence (2728)

A. COMPLETE FOR ALL ESRD PATIENTS - [2104874379](#)

*Check One:

Initial

Re-entitlement

Supplemental

(1) *Patient's Last Name Patient		*First Name Mary	MI
(2) Medicare Claim Number		(3) Social Security Number 234-56-7890	(4) *Date of Birth 02/02/1952
(5) *Patient Mailing Address *Addr: 12345 Main Street *Zip: 33609 *City: TAMPA *State: FL			(6) Phone Number:
(7) *Patient Sex Female			
(8) *Ethnicity: Not Hispanic or Latino		(9) Country/Area of Origin or Ancestry	
(10) *Race White			(11) *Is patient applying for ESRD Medicare coverage? Yes ▾

(12) *Current Medical Coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> DVA <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage	(13) *Height 72 Inches ▾	(14) *Dry Weight 155 Pounds ▾
--	------------------------------------	---

(12) *Current Medical Coverage

- Medicaid
- DVA
- Medicare
- Medicare Advantage
- Employer Group Health Insurance
- Other
- None

(13) *Height

72 Inches

(14) *Dry Weight

155 Pounds

(15) *Primary Cause Of Renal Failure

E1122 [Lookup Diagnosis Codes](#)

Type 2 diabetes mellitus with diabetic chronic kidney disease

(16) *Employment Status (6 mos prior and current status)

Prior:

Employed Full Time

Current: Employed Full Time

(17) *Co-Morbid Conditions

- a. Congestive heart failure
- b. Atherosclerotic heart disease ASHD
- c. Other cardiac disease
- d. Cerebrovascular disease, CVA, TIA*
- e. Peripheral vascular disease*
- f. History of hypertension
- g. Amputation
- h. Diabetes, currently on insulin
- i. Diabetes, on oral medications
- j. Diabetes, without medications
- k. Diabetic retinopathy
- l. Chronic obstructive pulmonary disease
- m. Tobacco use (current smoker)
- n. Malignant neoplasm, Cancer
- o. Toxic nephropathy
- p. Alcohol dependence
- q. Drug dependence*
- r. Inability to ambulate
- s. Inability to transfer
- t. Needs assistance with daily activities
- u. Institutionalized
- u1. Institutionalized - Assisted Living
- u2. Institutionalized - Nursing Home
- u3. Institutionalized - Other Institution
- v. Non-renal congenital abnormality
- w. None

- v. Non-renal congenital abnormality
- w. None

(18) *Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent?	No	If Yes, answer:	
b. Was patient under care of nephrologist?	Yes	If Yes, answer:	<6 months
c. Was patient under care of kidney dietitian?	Yes	If Yes, answer:	<6 months
d. What access was used on first outpatient dialysis:		Catheter	
If not AVF, then:	Is maturing AVF present?	Yes	
	Is maturing graft present?	No	

(19) Laboratory Value Within 45 Days Prior to the Most Recent Episode. (Lipid Profile and HbA1c within 1 Year of Most Recent ESRD Episode.)

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a.1. Serum Albumin (g/dl)		mm/dd/yyyy	d. HbA1c		mm/dd/yyyy
a.2. Serum Albumin Lower Limit			e. Lipid Profile TC		mm/dd/yyyy
a.3. Lab Method Used (BCG or BCP)			LDL		mm/dd/yyyy
b.*Serum Creatinine (mg/dl)	12.0	06/15/2016	HDL		mm/dd/yyyy
c. Hemoglobin (g/dl)		mm/dd/yyyy	TG		mm/dd/yyyy

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT

(20) Name of Dialysis Facility USF DIALYSIS CENTER	(21a) *Medicare Provider Number (for item 20) 102636	(21b) *Facility NPI (for item 20) 1245324995
(22) *Primary Dialysis Setting Dialysis Facility/Center	(23) *Primary Type of Dialysis Hemodialysis	(Sessions per week / hours per session) (3/4.0)

(22) *Primary Dialysis Setting Dialysis Facility/Center	(23) *Primary Type of Dialysis (Sessions per week / hours per session) (3/4.0) Hemodialysis
(24) *Date Regular Chronic Dialysis Began 06/20/2016	(25) *Date Patient Started Chronic Dialysis at Current Facility 07/01/2016
(26) *Has patient been informed of kidney transplant options? Yes	(27) If patient NOT informed of transplant options, please check all that apply <input type="checkbox"/> Medically unfit <input type="checkbox"/> Unsuitable due to age <input type="checkbox"/> Psychologically unfit <input type="checkbox"/> Patient declines information <input type="checkbox"/> Patient has not been assessed <input type="checkbox"/> Other

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS


(28) Date of Transplant	(29) Name of Transplant Hospital	(30a) Medicare Provider Number for item 29	(30b) Facility NPI for item 29
Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation.			
(31) Enter Date	(32) Name of Preparation Hospital	(33a) Medicare Provider Number for item 32	(33b) Facility NPI for item 32
(34) Current Status of Transplant (if functioning, skip items 36 and 37)			(35) Type of Donor
(36) If Non-Functioning, Date of Return to Regular Dialysis			(37) Current Dialysis Treatment Site

D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)

(38) Name of Training Provider Select One	(39a) Medicare Provider Number of Training Provider (for item 38) <input type="text"/>	(39b) NPI of Training Provider (for item 38) <input type="text"/>
(40) Date Training Began mm/dd/yyyy	(41) Type of Training <input type="text"/>	
(42) This Patient is Expected to Complete (or has completed)	(43) Date When Patient Completed, or is Expected to Complete, Training <input type="text"/>	

dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's eligibility and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil under applicable Federal laws.

(50) *Date


mm/dd/yyyy 


(53) Remarks

F. OBTAIN SIGNATURE FROM PATIENT

I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.

(55) *Date

mm/dd/yyyy 

Form Entered Date: 07/25/2016	Network: 7
GFR Calculation Method: <input type="text"/> 	GFR:

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Patient Search Results

View Patient Attributes

Manage 2728 Forms

Edit 2728

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Admit Patient

PART

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Version Number : CROWNWeb 5.0.1-18534

View ESRD Medical Evidence (2728) - Saved

A. COMPLETE FOR ALL ESRD PATIENTS - [2104874379](#)

FormType: Initial

(1) Patient's Last Name Patient		First Mary	MI
(2) Medicare Claim Number	(3) Social Security Number 234-56-7890	(4) Date of Birth 02/02/1952	
(5) Patient Mailing Address 12345 Main Street TAMPA, Florida 33609		(6) Phone Number	
(7) Patient's Sex Female	(8) Ethnicity Not Hispanic or Latino	(9) Country/Area of Origin or Ancestry	
(10) Race White		(11) Is patient applying for ESRD Medicare coverage? Yes	
(12) Current Medical Coverage Employer Group Health Insurance	(13) Height 72 Inches	(14) Weight 155 Pounds	(15) Primary Cause of Renal Failure Lookup Diagnosis Codes E1122 Type 2 diabetes mellitus with diabetic chronic kidney disease
(16) Employment Status Prior: Employed Full Time Current: Employed Full Time		(17) Co-morbid Conditions f. History of hypertension h. Diabetes, currently on insulin m. Tobacco use (current smoker)	

(18) Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent? No Timeframe:
b. Was patient under care of a nephrologist? Yes Timeframe: <6 months
c. Was patient under care of a kidney dietitian? Yes Timeframe: <6 months
d. What access was used on first outpatient dialysis? Catheter
If not AVF, then: Is maturing AVF present? Yes

I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.

(44) Printed Name of Physician personally familiar with the patient's training

(45a) UPIN of Physician in Item 44

(45b) NPI of Physician in Item 44

E. PHYSICIAN IDENTIFICATION

(46) Attending Physician
Raul Balagtas

(47) Physician's Phone No.

(48a) UPIN of Physician in Item 46
[F25663](#)

(48b) NPI of Physician in Item 46
[1558358366](#)

PHYSICIAN ATTESTATION

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

(50) Date

(53) Remarks

F. OBTAIN SIGNATURE FROM PATIENT

I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.

(55) Date

Form Entered Date: 09/02/2016

Network: 7

GFR Calculation Method: MDRD IDMS standardized

GFR: 0.0

Print

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System News

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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search | Reset | Display Results Per Page 10

Show Help

Patient Search Results - 1 Records Found

CROWN UPI	Name	SSN (Last 4)	DOB	DOD	Gender	HICNUM
2104874379	Patient, Mary	7890	02/02/1952		F	

- Search Patients
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- Action List

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View Patient Attributes

Key Patient Info - 2104874379 Submit Date: 07/25/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native | |

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

Physical Address (Same as Mailing Address)

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

County: Hillsborough

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Form 2744

CROWN Reports

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Manage 2728 Forms (Mary Patient - 2104874379)

Eligible 2728 Forms

No Form 2728 is required for this patient.

Existing 2728 Forms	Status	Admit Facility	Due Date	Date Submitted
Initial Dialysis +	Saved	USF DIALYSIS CENTER	10/16/2016	

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Search Patients

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Version Number : CROWNWeb 5.0.1-18534

View ESRD Medical Evidence (2728) - Saved

A. COMPLETE FOR ALL ESRD PATIENTS - [2104874379](#)

FormType: Initial			
(1) Patient's Last Name Patient		First Mary	MI
(2) Medicare Claim Number		(3) Social Security Number 234-56-7890	(4) Date of Birth 02/02/1952
(5) Patient Mailing Address 12345 Main Street TAMPA, Florida 33609			(6) Phone Number
(7) Patient's Sex Female		(8) Ethnicity Not Hispanic or Latino	(9) Country/Area of Origin or Ancestry
(10) Race White			(11) Is patient applying for ESRD Medicare coverage? Yes
(12) Current Medical Coverage Employer Group Health Insurance		(13) Height 72 Inches	(14) Weight 155 Pounds
(15) Primary Cause of Renal Failure Lookup Diagnosis Codes E1122 Type 2 diabetes mellitus with diabetic chronic kidney disease			
(16) Employment Status Prior: Employed Full Time Current: Employed Full Time			(17) Co-morbid Conditions f. History of hypertension h. Diabetes, currently on insulin m. Tobacco use (current smoker)
(18) Prior to ESRD therapy:			
a. Did patient receive exogenous erythropoetin or equivalent? No Timeframe:			
b. Was patient under care of a nephrologist? Yes Timeframe: <6 months			
c. Was patient under care of a kidney dietitian? Yes Timeframe: <6 months			
d. What access was used on first outpatient dialysis? Catheter			
If not AVF, then: Is maturing AVF present? Yes			

Show Help

Edit an ESRD Medical Evidence (2728) - Saved

A. COMPLETE FOR ALL ESRD PATIENTS - 2104874619

*Check One:

Initial Re-entitlement Supplemental

(1) *Patient's Last Name Patient	*First Name Mary	MI
-------------------------------------	---------------------	----

(2) Medicare Claim Number	(3) Social Security Number	(4) *Date of Birth 01/01/1971
---------------------------	----------------------------	----------------------------------

(5) *Patient Mailing Address *Addr: 12345 Main Street *Zip: 33609 *City: TAMPA *State: FL	(6) Phone Number:
---	-------------------

(7) *Patient Sex Male

(8) *Ethnicity: Not Hispanic or Latino	(9) Country/Area of Origin or Ancestry
---	--

(10) *Race White	(11) *Is patient applying for ESRD Medicare coverage? <input type="checkbox"/> <input checked="" type="checkbox"/>
---------------------	---

Search Patients

View Patient Attributes

Manage 2728 Forms

View 2728


Admit/Discharge Summary

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E. PHYSICIAN IDENTIFICATION**(46) *Attending Physician**Raul Balagtas **(47) *Physician's Phone No.****(48) *UPIN of Physician in Item 46F25663****(48) *NPI of Phys****PHYSICIAN ATTESTATION**

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may result in civil imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

(50) *Date09/01/2016 **(53) Remarks****F. OBTAIN SIGNATURE FROM PATIENT**

I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.

(55) *Date08/30/2016 **Form Entered Date:** 09/02/2016**Network:** 7**GFR Calculation Method:** MDRD IDMS standardized **GFR:** 0.0[Save](#) [Submit](#) [Delete](#) [Print](#) [Reset](#)

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Version Number : CROWNWeb 5.0.1-18534

View a Death Notice (2746) - Submitted

Key Patient Info - 2104874379 Submit Date: 07/26/2016

(1) Patient's Last Name: Patient	Patient's First Name: Mary	MI:
(2) Medicare Claim Number:	(3) Patient's Sex: Female	(4) Date of Birth: 02/02/1952
(5) Social Security Number: 234-56-7890	(6) Patient's State of Residence: Florida	
(7) Place of Death: Hospital	(8) Date of Death: 07/26/2016	(9) Modality at Time of Death: CAPD
(10) Provider Name and Address (Street): USF DIALYSIS CENTER 10770 N 46TH STREET #A100 TAMPA, Florida 33617		(11) Provider Number: <u>102636</u>

Causes of Death

(12) Causes of Death:

a. Primary Cause:
23 - Myocardial infarction, acute

b. Were there secondary causes?:
No

c. If cause is Other (98), please specify:

Renal Replacement Therapy

(13) Renal replacement therapy discontinued prior to death:
No

If yes, why: **Date of last dialysis treatment:**

Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?:
No

Transplant and Hospice

(15) If deceased ever received a transplant:

CMS-2728 Pop Quiz





Adding Treatment Information

Home

Version Number : CROWNWeb 5.0.1-18534

System News

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Show Help

Search Patients

Admit Patient

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Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

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Version Number : CROWNWeb 5.0.1-18534

Patient Search Results - 1 Records Found

CROWN UPI	Name	SSN (Last 4)	DOB	DOD	Gender	HICNUM
2104874379	Patient, Mary	7890	02/02/1952		F	

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Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Key Patient Info - 2104874379 Submit Date: 07/25/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native | |

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

Physical Address (Same as Mailing Address)

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

County: Hillsborough

Show Help

Admit/Discharge Summary (Mary Patient - 2104874379)

Search Patients

Patient Search Results

View Patient Attributes

Admit Patient

PART

Action List

Admit Date	Admit Reason	Admit Facility	Discharge Date	Discharge Reason	Treatment	Physician	Treatment Summary
07/01/2016	New ESRD Patient	USF DIALYSIS CENTER 102636 1245324995			Dialysis Facility/Center Hemodialysis	Joseph David UPIN: I10788 NPI: 1669482832	Treatment Summary

Version Number : CROWNWeb 5.0.1-18534

Show Help

- Search Patients
- Patient Search Results
- View Patient Attributes
- Add Treatment
- Admit/Discharge Summary

- Admit Patient
- PART
- Action List

Version Number : CROWNWeb 5.0.1-18534

View Treatment Summary

Admit/Discharge Information (Mary Patient - 2104874379)

Admit Date: 07/01/2016	Admit Reason: New ESRD Patient
Facility DBA Name: USF DIALYSIS CENTER	
Facility CCN: 102636	Facility NPI: 1245324995
Discharge Date:	Discharge Reason:

Treatment Summary for Admission

Treatment Start Date	Treatment	Transplant Status	Attending Practitioner
07/18/2016	Home CAPD	N/A	Casey, Ben UPIN: A12345

Show Help

Search Patients

- Patient Search Results
- View Patient Attributes
- View Admit/Discharge
- Admit/Discharge Summary
- Treatment Summary

Admit Patient

PART

Action List

Add Treatment Information

Dialysis Treatment Information - 2104874379 - Mary Patient

*Treatment Start Date	<input type="text" value="07/18/2016"/>	
*Primary Dialysis Setting	<input type="text" value="Home"/>	Dialysis Time Period <input type="text"/>
Expected Self-Care Setting	<input type="text"/>	
*Primary Type of Treatment	<input type="text" value="CAPD"/>	
Sessions Per Week	<input type="text"/>	Time Per Session (in minutes) <input type="text"/>
*Attending Practitioner	<input type="text" value="Casey, Ben"/>	
Attending Practitioner UPIN	<input type="text" value="A12345"/>	Attending Practitioner NPI <input type="text"/>
Type Of Dialysis Training	<input type="text"/>	
Dialysis Training Begin Date	<input type="text" value="mm/dd/yyyy"/>	Dialysis Training End Date <input type="text" value="mm/dd/yyyy"/>

Submit Reset

Version Number : CROWNWeb 5.0.1-18534

Show Help

Search Patients

Patient Search Results

View Patient Attributes

Add Treatment

Admit/Discharge Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

View Treatment Summary

Admit/Discharge Information (Mary Patient - 2104874379)

Admit Date: 07/01/2016	Admit Reason: New ESRD Patient
Facility DBA Name: USF DIALYSIS CENTER	
Facility CCN: 102636	Facility NPI: 1245324995
Discharge Date:	Discharge Reason:

Treatment Summary for Admission

Treatment Start Date	Treatment	Transplant Status	Attending Practitioner
07/18/2016	Home CAPD	N/A	Casey, Ben UPIN: A12345
07/01/2016	Dialysis Facility/Center Hemodialysis	N/A	Joseph, David UPIN: I10788 NPI: 1669482832



Entering Clinical Information

Show Help

Home

Version Number : CROWNWeb 5.0.1-18534

System News

Welcome to CROWNWeb!

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- Users will be able to search, add, edit, and submit clinical lab test results and vascular access information for patients.
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- Users will be able to create and print a patient roster for a facility.
- Users will be able to run Audit reports for all data added, updated, or deleted in CROWNWeb.

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Show Help

- Manage Clinical
 - Anemia Management
 - Adequacy
 - Mineral Metabolism
 - ESA
 - Infection
 - Iron
 - Fluid Weight Management
 - Hospitalization
 - Vaccination

Manage Patient Clinical Values

Patient Information

⁵ Facility CCN	⁵ Facility NPI	⁵ Facility DBA Name	
<input type="text"/>	<input type="text"/> <input type="button" value="Go"/>	USF DIALYSIS CENTER (700000178) <input type="button" value="v"/>	
*Collection Type	*Clinical Month	Last Name Group	Display Patients
Hemodialysis <input type="button" value="v"/>	July 2016 (Open) <input type="button" value="v"/>	All <input type="button" value="v"/>	Without Clinical Values <input type="button" value="v"/> <input type="button" value="Go"/>
*Patient	Common Lab Test Date		
Patient, Mary (2104874379) <input type="button" value="v"/>	07/15/2016 <input type="button" value="calendar"/>		

Patient Details


Patient Number 2104874379	Patient Name Mary Patient	Date of Birth 02/02/1952	SSN 234-56-7890
-------------------------------------	-------------------------------------	------------------------------------	---------------------------

No Clinical Data Available For All Collection Types


Clinical Values

Patient Reporting <

Anemia Management

*Hemoglobin (Hgb) (g/dL) N/A 


*Ferritin (ng/mL) N/A 

*Iron Saturation (TSAT) (%) N/A 

*Reticulocyte Hemoglobin (CHr) (pg) N/A 


Adequacy

*Kt/V N/A 

Kt/V Method 

*Blood Urea Nitrogen (BUN) Pre-Dialysis (mg/dL) N/A


*BUN Post-Dialysis (mg/dL) N/A


*Pre-Dialysis Weight N/A 

*Post-Dialysis Weight N/A 

*Delivered Minutes of BUN Hemodialysis Session N/A


*Height N/A 


*Serum Creatinine (mg/dL) N/A 


*Normalized Protein Catabolic Rate (nPCR) N/A 

Mineral Metabolism

*Phosphorus (mg/dL) N/A 

Phosphorus Method 

*Uncorrected Calcium (mg/dL) N/A 

*Corrected Calcium (mg/dL) N/A 

*Serum Albumin (g/dL) N/A 

Serum Albumin Lower Limit (g/dL) N/A

Serum Albumin Lab Method  N/A

ESA

*ESA Administered Yes N/A 07/15/2016 

*ESA Agent Prescribed Epoetin Alfa N/A

Other ESA Agent Prescribed

*ESA Monthly Dose N/A

Other ESA Monthly Dose Measure

ESA Route

Infection

Infection ID	Infection Requires Hospitalization	Infection Hospitalization Date
3335776	Infection does not require hospitalization	

N/A

Iron

*Intravenous (IV) Iron Administered

*Intravenous (IV) Iron

Other Intravenous (IV) Iron

*Intravenous (IV) Iron Dose N/A

Other Intravenous (IV) Iron Dose Measure

*Oral (PO) Iron Prescribed

*Oral (PO) Iron

Other Oral (PO) Iron

*Oral (PO) Iron Dose

Other Oral (PO) Iron Dose Measure

Fluid Weight Management

*Post-Dialysis Target Weight for Session N/A

Post-Dialysis Weight Assessment Date

Hospitalization

Hospitalization ID	Admission Date	All Hospital Visits	Name of Hospital	Discharge Date
--------------------	----------------	---------------------	------------------	----------------

Add N/A

Vaccination

*Administration of Influenza Vaccination Documented

Yes ▼

Influenza Vaccination Date

06/2015

Where Influenza Vaccination Received

Documented Outside Facility ▼

Reason No Administration of Influenza Vaccination Documented

(Select one or more reasons)

Medical Reason: Allergic or Adverse Reaction
Other Medical Reason
Declined
Other Reason
Outside vaccination reported but no documentation
Vaccine data not available

*Administration of PPSV23 Pneumococcal Vaccination Documented

No ▼

Most recent PPSV23 Vaccination Year

YYYY

Where PPSV23 Pneumococcal Vaccination Received

▼

Reason No Administration of PPSV23 Pneumococcal Vaccination Documented

(Select one or more reasons)

Medical Reason: Allergic or Adverse Reaction
Other Medical Reason
Declined
Other Reason
Outside vaccination reported but no documentation
Vaccine data not available

*Administration of PCV13 Pneumococcal Vaccination Documented

No ▼

Most recent PCV13 Vaccination Year

YYYY

Where PCV13 Pneumococcal Vaccination Received

▼

Reason No Administration of PCV13 Pneumococcal Vaccination Documented

(Select one or more reasons)

Medical Reason: Allergic or Adverse Reaction
Other Medical Reason
Declined
Other Reason
Outside vaccination reported but no documentation
Vaccine data not available

Hepatitis B Vaccination Not Received

Hepatitis B Vaccination Initial 1 N/A

Hepatitis B Vaccination Initial 2 N/A

Hepatitis B Vaccination Initial 3 N/A

Hepatitis B Vaccination Initial 4 N/A

Reason No Hepatitis B Vaccination N/A

Hepatitis B Exclusion Reason N/A

Hepatitis B Booster Date 1 N/A

Hepatitis B Booster Date 2 N/A

Hepatitis B Booster Date 3 N/A

Hepatitis B Booster Date 4 N/A

*Hepatitis B surface antibody (anti-HBs) N/A

- Manage Clinical
- Anemia Management
- Adequacy
- Mineral Metabolism
- ESA
- Infection
- Iron
- Fluid Weight Management
- Hospitalization
- Vaccination
- Patient Reporting

Version Number : CROWNWeb 5.0.1-18534

Manage Patient Clinical Values

Patient Information

Patient Details			
Patient Number	Patient Name	Date of Birth	SSN

No Clinical Data Available For All Collection Types

Clinical Values

Anemia Management

N/A

N/A

N/A

N/A

Adequacy

N/A

N/A

Show Help

Manage Clinical <

Patient Reporting >

Clinical Depression

Pain Assessment

Version Number : CROWNWeb 5.0.1-18534

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

¹ Facility CCN: 102636 ¹ Facility NPI: ¹ Facility DBA Name: USF DIALYSIS CENTER (700000178)

* Assessment Period: 01/31/2016 - 08/17/2016 * Patient: Patient, Mary (2104874379)

Clinical Depression Screening and Follow-Up Reporting Options

In order to comply with the requirements of the PY 2018 QIP, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once between 1/1/2016 and 1/31/2017. This information is:

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the clinical depression screening and (when necessary) the follow-up plan documented for the selected patient.

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Submit

Show Help

Manage Clinical <

Patient Reporting >

Clinical Depression

Pain Assessment

Version Number : CROWNWeb 5.0.1-18534

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

¹ Facility CCN: 102636 ¹ Facility NPI: Go ¹ Facility DBA Name: USF DIALYSIS CENTER (700000178)

* Assessment Period: 01/31/2016 - 08/17/2016 * Patient: Patient, Mary (2104874379)

Clinical Depression Screening and Follow-Up Reporting Options Last Submitted: 07/26/2016 09:49 AM

In order to comply with the requirements of the PY 2018 QIP, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once between 1/1/2016 and 1/31/2017. This information is:

- Only required to be submitted for patients age 12 or older
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- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the clinical depression screening and (when necessary) the follow-up plan documented for the selected patient.

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Submit

Show Help

Manage Clinical

Patient Reporting

Clinical Depression

Pain Assessment

Version Number : CROWNWeb 5.0.1-18534

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

¹ Facility CCN: 102636 ¹ Facility NPI: ¹ Facility DBA Name: USF DIALYSIS CENTER (700000178)

* Assessment Period: 01/31/2016 - 08/17/2016

* Patient

Patient, Mary (2104874379)

Clinical Depression Screening and Follow-Up

In order to comply with the requirements of the PY 2018 QIP, you must submit clinical depression screening and follow-up plan information for each eligible patient at least once between 1/1/2016 and 8/17/2016.

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility
- Only required of facilities with at least 11 eligible patients
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the screening and follow-up plan documented for the selected patient.

- Screening for clinical depression is documented as being performed, but no follow-up plan is documented
- Screening for clinical depression documented as positive, but no follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan is documented
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Submit

Show Help

- Manage Clinical
- Patient Reporting
 - Clinical Depression
 - Pain Assessment

Version Number : CROWNWeb 5.0.1-18534

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

¹ Facility CCN:
¹ Facility NPI:

¹ Facility DBA Name:

^{*} Assessment Period:
^{*} Patient:

Clinical Depression Screening and Follow-Up Reporting Options Last Submitted: 07/26/2016 09:49 AM

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- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the clinical depression screening and (when necessary) the follow-up plan documented for the selected patient.

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Show Help

Manage Clinical <

Patient Reporting >

Clinical Depression

Pain Assessment

Version Number : CROWNWeb 5.0.1-18534

Pain Assessment and Follow-Up Reporting

Patient Selection

¹ Facility CCN: ¹ Facility NPI: ¹ Facility DBA Name: >

* Assessment Period: > * Patient: >

Pain Assessment and Follow-Up Reporting Options

In order to comply with the requirements of the PY 2018 QIP, you must submit Pain Assessment and Follow-Up Plan Information for each eligible patient once between 1/1/2016 and 7/31/2016 and once between 7/1/2016 and 1/31/2017. This information is:

- Only required to be submitted for patients 18 years or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the pain assessment and (when necessary) the follow-up plan documented for the selected patient.

- Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- Pain assessment documented as positive, a follow-up plan is not documented and the facility possesses documentation that the patient is not eligible
- Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented and no reason is given
- Pain assessment using a standardized tool is documented as negative and no follow-up plan required
- No documentation of pain assessment and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool
- No documentation of pain assessment and no reason is given

Submit

Show Help

- Manage Clinical
- Patient Reporting
 - Clinical Depression
 - Pain Assessment

Version Number : CROWNWeb 5.0.1-18534

Pain Assessment and Follow-Up Reporting

Patient Selection

¹ Facility CCN:
¹ Facility NPI:

¹ Facility DBA Name:

^{*} Assessment Period:
^{*} Patient:

Pain Assessment and Follow-Up Reporting Options Last Submitted: 07/26/2016 09:56 AM

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- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during calendar year 2016
- Only required of facilities with a CCN open date prior to July 1, 2016

Please select one of the following options describing the pain assessment and (when necessary) the follow-up plan documented for the selected patient.

- Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- Pain assessment documented as positive, a follow-up plan is not documented and the facility possesses documentation that the patient is not eligible
- Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented and no reason is given
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- No documentation of pain assessment and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool
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Clinical Pop Quiz





Discharging a Patient

Home

Version Number : CROWNWeb 5.0.1-18534

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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search | Reset | Display Results Per Page 10

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Patient Search Results - 1 Records Found

<u>CROWN UPI</u>	<u>Name</u>	<u>SSN (Last 4)</u>	<u>DOB</u>	<u>DOD</u>	<u>Gender</u>	<u>HICNUM</u>
2104874379	Patient, Mary	7890	02/02/1952		F	

[Show Help](#)

Search Patients

[Patient Search Results](#)

[Edit Patient](#)

[View Patient Attribute History](#)

[Admit/Discharge Summary](#)

[2728](#)

[Clinical Data Summary](#)

[Admit Patient](#)

[PART](#)

[Action List](#)

Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Key Patient Info - 2104874379 Submit Date: 07/25/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native | |

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

Physical Address (Same as Mailing Address)

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

County: Hillsborough

Show Help

Admit/Discharge Summary (Mary Patient - 2104874379)

Search Patients

Patient Search Results

View Patient Attributes

Admit Patient

PART

Action List

Admit Date	Admit Reason	Admit Facility	Discharge Date	Discharge Reason	Treatment	Physician	Treatment Summary
07/01/2016	New ESRD Patient	USF DIALYSIS CENTER 102636 1245324995			Dialysis Facility/Center Hemodialysis	Joseph David UPIN: I10788 NPI: 1669482832	Treatment Summary

Version Number : CROWNWeb 5.0.1-18534

Show Help

Search Patients

- Patient Search Results
- View Patient Attributes
- Edit Admit/Discharge**
- Admit/Discharge Summary
- Treatment Summary

Admit Patient

PART

Action List

View Admit/Discharge Information

Patient Admission Information (Mary Patient - 2104874379) Submit Date: 07/25/2016

Admit Date: 07/01/2016	Admit Reason: New ESRD Patient
Facility DBA Name: USF DIALYSIS CENTER	
Facility CCN: 102636	Facility NPI: 1245324995
Transient Status: No	

Patient Discharge Information

Discharge Date: N/A	Discharge Reason: N/A
----------------------------	------------------------------

Version Number : CROWNWeb 5.0.1-18534

Show Help

Search Patients

- Patient Search Results
- View Patient Attributes
- Admit/Discharge Summary
- Treatment Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Edit Admit/Discharge Information

Patient Admission Information - 2104874379 - Mary Patient Submit Date: 07/25/2016

* Admit Date: 07/01/2016

* Admit Reason: New ESRD Patient

² Facility CCN: 102636 ² Facility NPI: 1245324995 Go

* Facility DBA Name: USF DIALYSIS CENTER (700000178)

* Transient Status: No

Patient Discharge Information

* Discharge Date: 07/25/2016

* Discharge Reason: Discontinue

Transfer Discharge Subcategory:

Submit Reset Delete

Show Help

Search Patients

Patient Search Results

View Patient Attributes

Admit Patient

PART

Action List

Info:

- Patient Admit Discharge Submitted

Admit/Discharge Summary (Mary Patient - 2104874379)

Admit Date	Admit Reason	Admit Facility	Discharge Date	Discharge Reason	Treatment	Physician	Treatment Summary
07/01/2016	New ESRD Patient	USF DIALYSIS CENTER 102636 1245324995	07/25/2016	Discontinue	Home CAPD	Casey, Ben UPIN: A12345	Treatment Summary

Version Number : CROWNWeb 5.0.1-18534



Viewing and Verifying PART Data

Home

Version Number : CROWNWeb 5.0.1-18534

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- Users will be able to admit to and discharge patients from a facility.
- Users will be able to add, edit, and submit patient treatment records.
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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search Reset Display Results Per Page 10

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

PART Verification - 1 Patient Records

Search Criteria

Filter: ALL Patients

Facility Criteria

1 Facility CCN: 1 Facility NPI:

* Facility DBA Name: USF DIALYSIS CENTER (700000178)

Use Date Range:

Search Verify Display Results Per Page 50

<input type="checkbox"/> All/None	Patient Name	DOB (age)	Admit/Discharge	Treatment	Transient	Physician	Verification
<input type="checkbox"/>	Patient, Mary	02/02/1952 (64)	07/01/2016 to 07/25/2016	Home CAPD	No	Casey, Ben	

Verify

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb
5.0.1-18534

PART Verification - 1 Patient Records

Search Criteria

Filter ALL Patients

Facility Criteria

1 Facility CCN

1 Facility NPI

* Facility DBA Name USF DIALYSIS CENTER (700000178)

Use Date Range

Display Results Per Page 50

<input type="checkbox"/> All/None	<u>Patient Name</u>	<u>DOB (age)</u>	<u>Admit/Discharge</u>	<u>Treatment</u>	<u>Transient</u>	<u>Physician</u>	<u>Verification</u>
<input checked="" type="checkbox"/>	Patient, Mary	02/02/1952 (64)	07/01/2016 to 07/25/2016	Home CAPD	No	Casey, Ben	

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Info:

• PART Verification - 1 Patient Records Verified

PART Verification - 1 Patient Records

Search Criteria

Filter ALL Patients

Facility Criteria

Facility CCN Facility NPI Go

Facility DBA Name USF DIALYSIS CENTER (700000178)

Use Date Range

Search Verify Display Results Per Page 50

<input type="checkbox"/> All/None	Patient Name	DOB (age)	Admit/Discharge	Treatment	Transient	Physician	Verification
<input type="checkbox"/>	Patient, Mary	02/02/1952 (64)	07/01/2016 to 07/25/2016	Home CAPD	No	Casey, Ben	07/26/2016 Julio Derecho

Verify



Completing a CMS-2746 Form in CROWNWeb

Show Help

Home

Version Number : CROWNWeb 5.0.1-18534

System News

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- Users will be able to admit to and discharge patients from a facility.
- Users will be able to add, edit, and submit patient treatment records.
- Users will be able to search, edit, and submit a patient record.
- Users will be able to enter information associated with the 2728 form for Initial, Supplemental, and Re-entitlement patients (including Initial Dialysis, Initial Transplant, Supplemental Training, Supplemental Transplant, and Re-entitlement forms).
- Users will be able to enter a 2746 form for a patient.
- Users will be able to print blank 2728 and 2746 forms, along with pre-populated 2728 and 2746 forms for patients.
- Users will be able to verify patients and patient data using the PART feature.
- Users will be able to search, add, edit, and submit clinical lab test results and vascular access information for patients.
- Users will be able to add, edit, and submit facility preferences for clinical data.
- Users will be able to create and print a patient roster for a facility.
- Users will be able to run Audit reports for all data added, updated, or deleted in CROWNWeb.

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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria

% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search Reset Display Results Per Page 10

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Patient Search Results - 1 Records Found

CROWN UPI	Name	SSN (Last 4)	DOB	DOD	Gender	HICNUM
2104874379	Patient, Mary	7890	02/02/1952		F	

[Show Help](#)

Search Patients

[Patient Search Results](#)

[Edit Patient](#)

[View Patient Attribute History](#)

[Admit/Discharge Summary](#)

[2728](#)

[Clinical Data Summary](#)

[Admit Patient](#)

[PART](#)

[Action List](#)

Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Key Patient Info - 2104874379 Submit Date: 07/25/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native | |

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

Physical Address (Same as Mailing Address)

Line 1: 12345 Main Street

Line 2:

Zip Code: 33609

City: TAMPA

State: FL

County: Hillsborough

Line 1

Line 2

Zip Code -

City

* State

Line 1

Line 2

Zip Code -

City

* State

County

Phone / E-Mail Address

Home - Work - Ext

Cell -

E-Mail

Misc Info ²

	Current Status	Effective Date
Citizenship	<input type="text" value="US Citizen"/>	<input type="text" value="07/01/2016"/>
* Medicare Enrollment	<input type="text" value="Medicare Application Pending"/>	<input type="text" value="07/01/2016"/>
Employment	<input type="text" value="Employed Full Time"/>	<input type="text" value="07/01/2016"/>
School	<input type="text"/>	<input type="text"/>
Vocational Rehabilitation	<input type="text"/>	<input type="text"/>

Medical Info

* Effective Date

Primary Cause of Death

Date of Death

Death Code [Lookup Death Codes](#)

Death Description

2728 / ESRD Medical Evidence Form

Date Regular Chronic Dialysis Began

Primary Cause of Renal Failure

Show Help

Search Patients

Patient Search Results

Edit Patient

View Patient Attribute History

Admit/Discharge Summary

2728

Add 2746 (0)

Clinical Data Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

View Patient Attributes

Info:

- View Patient Details - SUBMITTED

Key Patient Info - 2104874379 Submit Date: 07/26/2016

Patient's First Name: Mary	Date of Birth: 02/02/1952
MI:	Gender: Female
Patient's Last Name: Patient	SSN: 234-56-7890
Suffix:	Medicare Claim Number:
Ethnicity: Not Hispanic or Latino	Patient's Self Reporting of Race and Ethnicity: Self Reported by Patient

Race (check all that apply)

White
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 American Indian/Alaska Native

Tribe and Origin

Name of Enrolled/Principal Tribe:

Country / Area of Origin:

Patient Contact Info

Do Not Contact

Mailing Address	Physical Address (Same as Mailing Address <input checked="" type="checkbox"/>)
Line 1: 12345 Main Street	Line 1: 12345 Main Street
Line 2:	Line 2:
Zip Code: 33609	Zip Code: 33609

Show Help

Search Patients

- Patient Search Results
- View Patient Attributes
- Admit/Discharge Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Add a New Death Notice (2746)

Key Patient Info - 2104874379

(1) *Patient's Last Name Patient	*Patient's First Name Mary	MI
(2) Medicare Claim Number	(3) *Patient's Sex Female	(4) *Date of Birth 02/02/1952
(5) Social Security Number 234567890	(6) *Patient's State of Residence FL	
(7) *Place of Death Hospital	(8) *Date of Death 07/26/2016	(9) *Modality at Time of Death CAPD
†(10) *Provider Name and Address (Street) USF DIALYSIS CENTER 10770 N 46TH STREET #A100 TAMPA, FL 33617		†(11a) *Provider Number 102636
		(11b) Provider NPI 1245324995

Causes of Death

(12) *Causes of Death (enter codes from list on back of form) [Lookup Death Codes](#)

***a. Primary Cause**
23 - Myocardial infarction, acute

***b. Were there secondary causes?**
No

If Yes, specify:

<input type="text"/>	Select One
<input type="text"/>	Select One
<input type="text"/>	Select One
<input type="text"/>	Select One

c. If cause is Other (98), please specify:

_____ Select One

c. If cause is Other (98), please specify:

Renal Replacement Therapy

(13) *Renal replacement therapy discontinued prior to death:

No

If yes, select one of the following:

f. Date of last dialysis treatment

mm/dd/yyyy

(14) *Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?

No

Transplant and Hospice

(15) If deceased ever received a transplant:

a. Date of most recent transplant

Unknown mm/dd/yyyy

b. Type of transplant received

c. Was graft functioning (patient not on dialysis) at time of death?

d. Did transplant patient resume chronic maintenance dialysis prior to death?

(16) *Was patient receiving Hospice care prior to death?

No

Physician

(17) *Name of Physician

Ben Casey

Physician UPIN

A12345

Physician NPI

(18) *Person Completing This Form

Mike Seckman

*Date

07/26/2016

Form Information

Form Entered Date:

07/26/2016

Network Number:

7

Save Submit Reset

Show Help

Search Patients

Patient Search Results

View Patient Attributes

Admit/Discharge Summary

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

View a Death Notice (2746) - Submitted

Key Patient Info - [2104874379](#) Submit Date: 07/26/2016

(1) Patient's Last Name: Patient	Patient's First Name: Mary	MI:
(2) Medicare Claim Number:	(3) Patient's Sex: Female	(4) Date of Birth: 02/02/1952
(5) Social Security Number: 234-56-7890	(6) Patient's State of Residence: Florida	
(7) Place of Death: Hospital	(8) Date of Death: 07/26/2016	(9) Modality at Time of Death: CAPD
(10) Provider Name and Address (Street): USF DIALYSIS CENTER 10770 N 46TH STREET #A100 TAMPA, Florida 33617		(11) Provider Number: 102636

Causes of Death

(12) Causes of Death:

a. Primary Cause:
23 - Myocardial infarction, acute

b. Were there secondary causes?:
No

c. If cause is Other (98), please specify:

Renal Replacement Therapy

(13) Renal replacement therapy discontinued prior to death:
No

If yes, why: _____ **Date of last dialysis treatment:** _____

Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?:
No

Transplant and Hospice

(15) If deceased ever received a transplant:

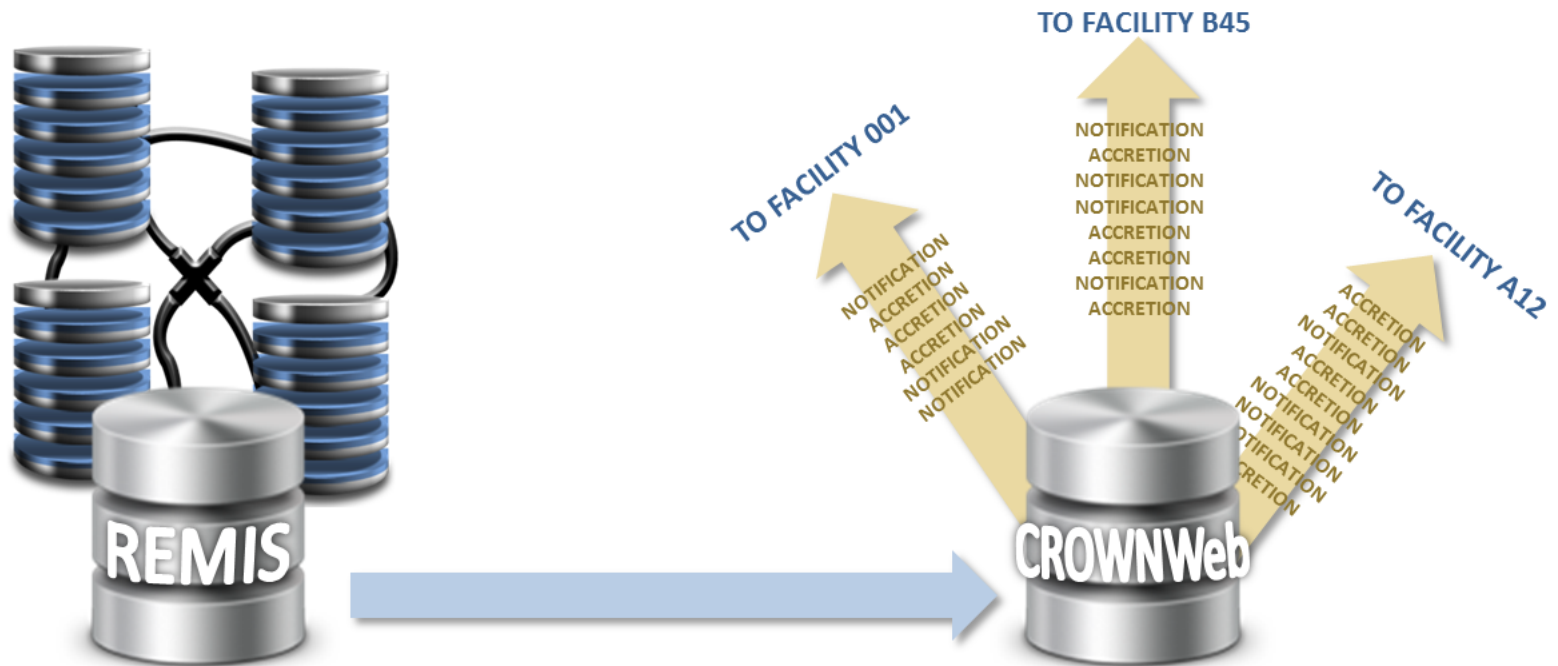
CMS-2746 Pop Quiz





Notifications and Accretions

How the Databases Work



REMIS gathers information from various CMS databases, and compares that data to CROWNWeb, the system of record for ESRD.

CROWNWeb receives discrepancy information each night, and assigns Notifications and Accretions to facilities based on that information.

What is a Notification?

Notification

A discrepancy in patient data between a CMS database and CROWNWeb (e.g., date of birth, last name, or a transplant that wasn't recorded in CROWNWeb).

Facility Editors must review this data, and can then accept or reject the notification.

For notifications related to **patient identifiers**, when you accept a notification, CROWNWeb automatically updates the patient's record in CROWNWeb with the new information.

For notifications related to **treatment data**, you must manually update the record in CROWNWeb.

What Does Each Action Do?

You can take the following actions on Notifications:

ACCEPT – You agree with the patient data provided by the external source. Patient identifier data in CROWNWeb will be automatically updated, but treatment data must be manually changed.

REJECT – After research, you do not agree with the Notification. No changes are made in CROWNWeb.

INVESTIGATE – Informs other users that the Notification is “under investigation” by you.

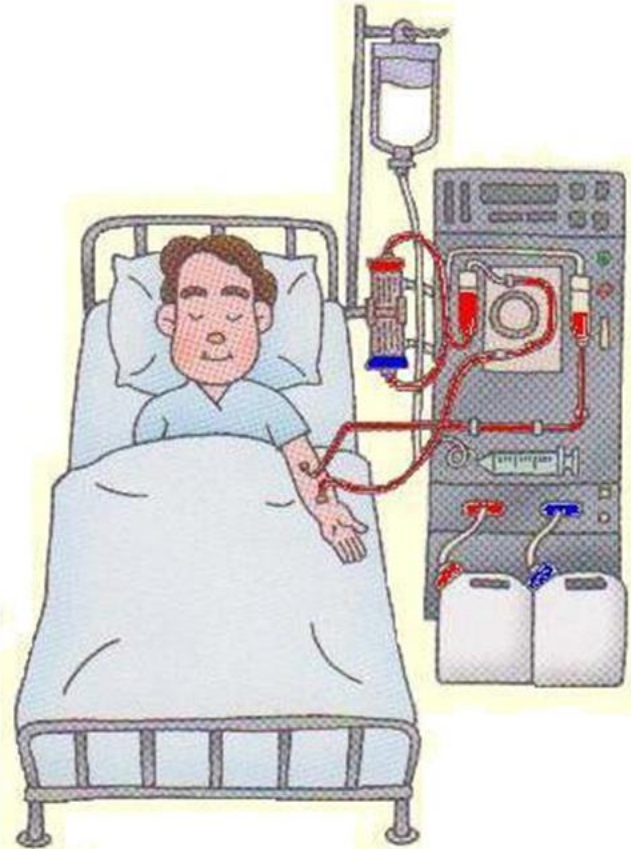
ESCALATE – If the patient is not part of your facility or you require Network assistance in making a determination, this option reassigns the Notification to the Network.

What Is An Accretion?

Accretion

An ESRD patient identified in another CMS database that appears to be associated with your facility in the CMS database, but is not currently admitted to your facility in CROWNWeb.

Accepting an Accretion walks you through admitting the patient to your facility in CROWNWeb.



What Does Each Action Do?

You can take the following actions on Accretions:

ACCEPT – You agree with the external source and will admit the patient to your facility in CROWNWeb.

REJECT – You don't agree with the Accretion. You've researched and the patient is not *ESRD*. No changes will be made in CROWNWeb.

INVESTIGATE – Informs other users that the Accretion is “under investigation” by you.

ESCALATE – The patient is not in your facility. This option escalates the Accretion to your Network so that they can reassign it to the correct facility.

Show Help

Home

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Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Search for Patients

Patient Criteria



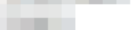



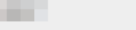



% Patient's Last Name	<input type="text" value="Patient"/>	% Patient's First Name	<input type="text"/>
% SSN	<input type="text"/>	% HICNUM	<input type="text"/>
¹ CROWN UPI	<input type="text"/>	¹ SIMS UPI	<input type="text"/>
Gender	<input type="text" value="Select One"/>	Patients Included in Search	<input type="text" value="All Patients"/>
Date of Birth: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>	Date of Death: (select range or specific date)	<input type="text" value="mm/dd/yyyy"/> <input type="text" value="mm/dd/yyyy"/>

Facility Criteria

² Facility CCN	<input type="text"/>	² Facility NPI	<input type="text"/>	<input type="button" value="Go"/>
Facility DBA Name	<input type="text" value="USF DIALYSIS CENTER (700000178)"/>			

Search Reset Display Results Per Page 10

[Search Patients](#)[Admit Patient](#)[PART](#)[Action List](#)Version Number : CROWNWeb
5.0.1-18534**Action List - 10 Records Found****Filter for Actions**Action Type *Action Status
Escalated
New
Reassigned
Under InvestigationAssigned To FacilitySelect One or More Networks
Network 7Select One or More Facilities
ABC Dialysis (700000178)

Action Type	Assigned To	Days Open 
Notification (1) CROWN UPI:  Name:  SSN Last 4: 	ABC Dialysis - 123456	449
Notification (1) CROWN UPI:  Name:  SSN Last 4: 	ABC Dialysis - 123456	454
Notification (1) CROWN UPI:  Name:  SSN Last 4: 	ABC Dialysis - 123456	463

[Show Help](#)

Search Patients <

Admit Patient

PART

Action List >

Version Number : CROWNWeb 5.0.1-18534

Action List - 7 Records Found

Filter for Actions

Action Type: REMIS Identity Notification

*Action Status: Escalated, **New**, Reassigned, Under Investigation

Assigned To: Facility

Select One or More Networks: Network 7

Find Facilities

Select One or More Facilities: **ABC Dialysis (700000178)**

Submit Clear Filters

Action Type	Assigned To	Days Open
Notification (1) CROWN UPI: [REDACTED] Name: [REDACTED] SSN Last 4: [REDACTED]	ABC Dialysis - 123456	454
Notification (1) CROWN UPI: [REDACTED] Name: [REDACTED]	ABC Dialysis - 123456	506

[Show Help](#)

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[Admit Patient](#)

[PART](#)

[Action List](#)

Version Number : CROWNWeb
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View Notification

Patient Details ([1234567890](#)) **Assigned To: ABC Dialysis**

Patient's Last Name: Smith **Patient's First Name:** MICHAEL
SSN: 123-45-6789 **Medicare Claim Number:**
Date of Birth: 01/01/1951 **Gender:** Male

Notifications

Medicare Claim Number

Source	Value	Facility	Treatment	Ext. Source Effective Date	CROWNWeb Create Date	Days Open	Status
EDB	123456789A			03/30/2015	03/31/2015	527	New
CROWNWeb							

Action

Comments

Comments History

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

View Notification

Patient Details (1234567890) Assigned To: ABC Dialysis

Patient's Last Name: Smith Patient's First Name: MICHAEL
 SSN: 123-45-6789 Medicare Claim Number:
 Date of Birth: 01/01/1951 Gender: Male

Notifications

Medicare Claim Number

Source	Value	Facility	Treatment	Ext. Source Effective Date	CROWNWeb Create Date	Days Open	Status
EDB	123456789A			03/30/2015	03/31/2015	527	New
CROWNWeb							

Action
 Accept

Comments

Comments History

Submit Escalate

Show Help

Search Patients <

Admit Patient

PART

Action List >

Version Number : CROWNWeb 5.0.1-18534

View Notification

To ignore warnings, Please select this checkbox and Submit.

Warnings:

- The following Patient's Data will be updated.
- Medicare Claim Number

Patient Details (1234567890) Assigned To: ABC Dialysis

Patient's Last Name: Smith Patient's First Name: MICHAEL

SSN: 123-45-6789 Medicare Claim Number:

Date of Birth: 01/01/1951 Gender: Male

Notifications

Medicare Claim Number

Source	Value	Facility	Treatment	Ext. Source Effective Date	CROWNWeb Create Date	Days Open	Status
EDB	123456789A			03/30/2015	03/31/2015	527	New
CROWNWeb							

Action:

Comments:

Comments History:

Show Help

Search Patients <

Admit Patient

PART

Action List >

Version Number : CROWNWeb 5.0.1-18534

View Notification

To ignore warnings, Please select this checkbox and Submit.

Warnings:

- The following Patient's Data will be updated.
- Medicare Claim Number

Patient Details (1234567890) Assigned To: ABC Dialysis

Patient's Last Name: Smith Patient's First Name: MICHAEL

SSN: 123-45-6789 Medicare Claim Number:

Date of Birth: 01/01/1951 Gender: Male

Notifications

Medicare Claim Number

Source	Value	Facility	Treatment	Ext. Source Effective Date	CROWNWeb Create Date	Days Open	Status
EDB	123456789A			03/30/2015	03/31/2015	527	New
CROWNWeb							

Action:

Comments:

Comments History:

Show Help

Search Patients

Admit Patient

PART

Action List

Version Number : CROWNWeb 5.0.1-18534

Action List - 9 Records Found

Info:

- 1 Notification(s) Accepted

Filter for Actions

Action Type

***Action Status** Escalated
New
Reassigned
Under Investigation

Assigned To Facility

Select One or More Networks Network 7

Select One or More Facilities ABC Dialysis (700000178)

Action Type	Assigned To	Days Open
Notification (1) CROWN UPI: ██████████ Name: Frank ██████████	ABC Dialysis - 123456	449

Online Training Materials

Training materials, including Tutorials, Online Help, Curriculums, FAQs, and other training tools are available via:

<http://www.mycrownweb.org>

Survey

**Please take our survey for this session.
The survey will pop up in your browser
when the session ends.**

