CROWNWeb NEWS

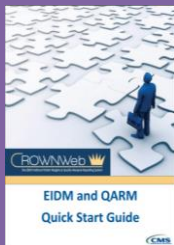The ESRD National Patient Registry & Quality Measure Reporting System

January 2017

Web Resources

CROWNWeb Help Me Form

MyCROWNWeb Website

EIDM and QARM Quick Start Guide

CROWNWeb Education

CMS Conditions for Coverage for ESRD Facilities

Manage Your EIDM Account

CROWNWeb 2016 Recap

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A number of significant enhancements were introduced for CROWNWeb during 2016. At the beginning of the year, the **CROWNWeb Data Management Guidelines** were released and served as national data governance for measuring, monitoring and managing CROWNWeb information. CROWNWeb measurable goals were established in March 2016 to improve missing and SAVED 2728 forms, decrease GAP patients via monthly

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PART completion, and by addressing Alerts for discrepancies in patient data. System changes included upgrading to CROWNWeb 5.0 in June 2016, a design modification that changed the look and feel of the system using tabs for new navigation. The Quality Information Management System (QIMS) used for managing account access was also replaced with the Enterprise Identity Management System and QualityNet Authorization Role Management systems (EIDM and QARM). This two-step online process (implemented in July 2016) removed the need for paper forms and notary signatures to gain access to CMS systems. EIDM now creates and updates accounts, while QARM serves as the management system for requesting application role and scope. Together, EIDM and QARM permit users of multiple CMS systems (e.g., CROWNWeb, ESRD QIP, REMIS) to move between systems once logged in at www.qualitynet.org. To ensure an easy transition to CROWNWeb 5.0 and EIDM and QARM, the Outreach, Communication, and Training team conducted more than 20 training sessions that included almost 16,000 members of the ESRD community. With the CROWNWeb 5.0 EIDM and QARM roll out completed in August, there are now 6,000+ facilities and greater than 11,000 users with access to CROWNWeb. In December 2016, the latest CROWNWeb release, CROWNWeb 5.1, introduced an important update to the facility attestation screen for non-eligible providers of the ICH-CAPHS Survey. Continued on next page…
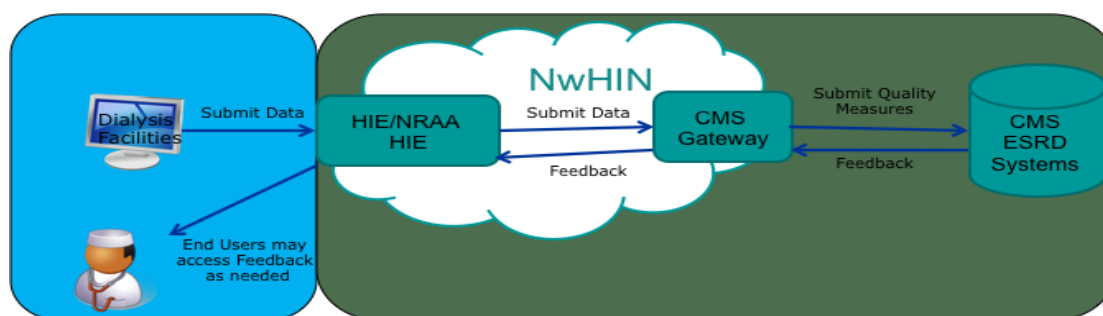
CMS will continue to enhance CROWNWeb and users should expect to see new rollouts in 2017, including a Facility Dashboard to better manage CROWNWeb data at the facility-level.

Electronic Data Interchange Supports CROWNWeb

As CMS strives to get the most up-to-date and complete information in CROWNWeb, dialysis facilities are making advancements in all aspects of electronic data collection and data submission. In order to assess the industry's efforts, four dialysis organizations (DaVita, DCI, FMC, and NRAA) were asked about the Electronic Data Interchange (EDI) they use to submit data into CROWNWeb.

The EDI process began in 2009 when CROWNWeb was still in testing and data submissions were originally named BATCH. While three of the four organizations started during the CROWNWeb testing phases in 2009, the NRAA began in 2010; all have continued to make advancements to their EDI process through 2016. Each organization has a large number of facilities that use the EDI process to submit data into CROWNWeb. Cumulatively, 5,936* (DaVita-2460; DCI-246; FMC-2200; NRAA-1030) dialysis facilities nationwide submit data into CROWNWeb via EDI. EDI has moved from a once a week upload of data to some submitting data every day into CROWNWeb via the NwHIN. For example, DaVita facilities enter data into their internal systems, send to a central data warehouse to extract the required data according to CROWNWeb requirements, and then submit the data electronically to CROWNWeb through a secure connection. Some data is submitted every few days, while other information is submitted monthly-such as Pain Assessment and Depression Screening. All EDI's submit patient demographics, attestations, clinical data, pain assessment and depression screenings electronically to CROWNWeb; although each has their own extraction schedule and corporate systems for submitting data. Each EDI corporate office ensures that all required information is exported from their Electronic Medical Records (EMR) system and submitted via the EDI process to CROWNWeb.

The exception is the NRAA, as they do not own or manage the facilities for which they are submitting EDI data to CROWNWeb. The NRAA works with about 17 different independent electronic medical record systems submitting data through the NRAA/HIE and using the NwHIN to access the CMS Gateway to CROWNWeb. (see figure below)

Currently, the NRAA is the only EDI submitter that uploads CMS-2728 forms directly into CROWNWeb through the EDI process; all other LDO's are working to achieve this capability.

However, all dialysis facilities remain responsible for verifying, entering, and correcting any information not accomplished through EDI: these include the CMS-2728 and 2746 form submissions, monthly PART verifications, updating facility and personnel records, and addressing Notification and Accretion alerts. In accordance with corporate guidelines and policies, most of the EDIs allow their individual facility users to submit or correct data via the single user interface (SUI) if it is not submitted via EDI; while the NRAA facilities can submit a file update or correction up to one hour prior to clinical month closing. DCI uses their internal process to automatically pull patient and clinical data from EMRs twice weekly, and emails facilities about records that failed and provides instructions on how to resolve the issues. FMC is already equipped to support electronic form submission and is testing related enhancements to its systems.

The four EDI organizations will continue to expand the EDI process not only in the number of facilities and patients covered, but also in the ongoing effort to maximize the use of EDI. This goal will be accomplished by adding to the extent of data and forms being submitted electronically into CROWNWeb.

Clinical Data Closure Dates

Clinical closure dates apply to all collection types. Additionally, clinical data submissions apply to all submission methods

Clinical Month	Date of Closure for Clinical Submissions
November 2016	**January 31, 2017 at 11:59 p.m. ET**
December 2016	February 28, 2017 at 11:59 p.m. ET