CROWNWeb NEWS

The ESRD National Patient Registry & Quality Measure Reporting System

April 2018

Web Resources

CROWNWeb Help Me Form
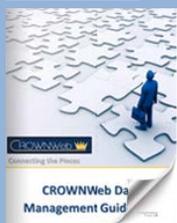
MyCROWNWeb Website

CROWNWeb Data Management Guidelines

CROWNWeb Education

CMS Conditions for Coverage for ESRD Facilities

CROWNWeb and the Medicare Beneficiary Identifier (MBI)

By: Janis Grady, CMS Program COR for CROWNWeb Outreach, Communication, and Training (OCT) and CROWNWeb Data Quality, Division of Quality Measures, Center for Clinical Standards and Quality (CCSQ)

The Centers for Medicare & Medicaid Services (CMS) have used CROWNWeb Town Halls and CROWNWeb Newsletters to inform the ESRD community about the new Medicare Beneficiary Identifier (MBI) and the impact it will have on the CROWNWeb system. The August 2017 Newsletter featured a story on why the MBI is being instituted, with reminders that MBI was coming in a future system release. Additionally, the MBI has been discussed on multiple CROWNWeb Town Halls (most recently in March 2018), with screenshots highlighting the sections that will be updated in CROWNWeb to accommodate data display or data entry of the MBI. April 1, 2018 sets all things MBI in motion.

Janis Grady

There are three significant questions that CROWNWeb users continue to ask: (1) Now that MBI is active on screens in CROWNWeb, how do I use those sections? (2) Do I need to follow different steps with patients that do not have a Medicare Beneficiary Identifier (MBI)? and (3) What needs to be done for patients who currently only have a HICNUM?

With regard to the first question, CMS has randomly assigned MBIs to the patients currently on Medicare; the MBI will be generated automatically and accepted in CROWNWeb. For the next 19 months, current patients may have both a HICNUM and MBI in CROWNWeb; eventually, the HICNUM will not display leaving only the MBI visible. Regarding the second question, patients who are first applying for ESRD Medicare will be entered in CROWNWeb as usual. The CROWNWeb screens offer options for both the HICNUM and MBI to be populated. If neither is available at the time, CROWNWeb users will be able to mark the "N/A" HICNUM or "N/A" MBI check boxes to indicate information is not available and admit the patient. If a patient is being admitted with only an MBI, that information may be entered in the proper field, and then the "N/A" HICNUM box may be selected. As for the third question, for patients currently only having a HICNUM, no changes will be required; the MBI will display.

Using the Electronic Data Interchange (EDI) Process to Submit CROWNWeb Data

During the March CROWNWeb Town Hall, representatives of the CROWNWeb EDI Organizations provided attendees with insights into the EDI process. Ms. Kathleen N. Prewitt provided detailed information on Fresenius' process stating "We generate the Patient and Clinical XML files weekly via Informatica Batch Process. Then, the XML files are manually uploaded via the CROWNWeb Portal." Additionally, Fresenius uploads Pain and Depression files monthly. Fresenius has a focus on eliminating CROWNWeb errors and to begin batch submission of Initial 2728 Form information this year.

Mr. Howard Thomas with the NRAA explained how their Health Information Exchange (HIE) receives information from their various EMR vendors throughout the day, which is continually uploaded to CROWNWeb every day. While the NRAA works with numerous vendors, the goal remains to support CROWNWeb with quality patient data, error-free submission uploads, considerations for NHSN connectivity, on-boarding the Veterans Administration, and on-boarding EPIC EMR users.

Ms. Susan Rizkalla, DaVita Inc., addressed the five different types of Batch files with patient files being submitted every Monday and Thursday, clinical files and Vascular Access files are submitted four times during the open period, and Pain & Depression-files are submitted twice a month. Plans for 2018 center around future improvements to allow more frequent submissions earlier in the reporting period, and increased error reporting directly to the clinics via internal reports.

It was evident in the information provided by the EDI speakers, as well as the questions answered verbally, that while each of the organizations may use different procedures, the end goal of getting correct information into CROWNWeb in a timely manner remains the same.

If you were unable to attend the March CROWNWeb Town Hall, a recording can be found in the events menu at www.MyCROWNWeb.org.

CROWNWeb Clinical Corner – Dr. Jesse Roach, CMS Nephrologist

A new section of the CROWNWeb Newsletter will provide readers with a glimpse into the specific clinical questions asked via the CRAFT email and the responses provided. The first question is:

Q: "How should a "combined" vascular access be reported in CROWNWeb, when a patient with an AV fistula has small "patches" of graft in them that are functioning just like fistulas?"

A: This should be reported as a graft in CROWNWeb. If any part of the anastomosis is artificial it should be considered as a graft.

CROWNWeb Town Hall

April 26, 2018

2PM–3PM EDT

Clinical Closures

Clinical closure dates apply to all Collection Types (Hemodialysis; Peritoneal Dialysis). Additionally, clinical data submissions apply to all submission methods (Manual or EDI).

CROWNWeb Reporting Months	Closure Date
December 2017 Clinical Month – FEMA Disaster Areas	April 30th
January 2018 Clinical Month – FEMA Disaster Areas	April 30th
February 2018 Clinical Month – All Dialysis Facilities All facilities will be on the same Clinical Schedule starting with the February 2018 Clinical Month, which is due no later than April 30, 2018 at 11:59pm Eastern.	April 30th