



### Checklist for Updating Facility Information in CROWNWeb

Use the following checklist to update all sections of the **Facility** tab in CROWNWeb. The fields marked with ( \* ) are required. Click "Submit" to save changes.

| FACILITY DEMOGRAPHICS   |   |   |
|---|---|---|
| <sup>1</sup> Facility Legal Name<br><input type="text"/>          |   |   |
| *Facility DBA Name<br><input type="text"/>                        |   |   |
| ( Same as Legal Name <input type="checkbox"/> )                   |   |   |
| Facility CCN <input type="text"/>                                 | *Facility NPI <input type="text"/>                                |   |
| Network Facility Code <input type="text"/>                        | Organizational Facility Code <input type="text"/>                 |   |
| *Phone Number <input type="text"/> - <input type="text"/>         | Ext <input type="text"/>  | *Fax <input type="text"/> - <input type="text"/>                      |
| Facility E-Mail <input type="text"/>                              | Website <input type="text"/>                                      |   |
| <sup>1</sup> Network  | Network 18 <input type="button" value="v"/>                       |   |
| Physical Address  |   | Mailing Address ( Same as Physical Address <input type="checkbox"/> ) |
| *Line 1 <input type="text"/>                                      | *Line 1 <input type="text"/>                                      |   |
| Line 2 <input type="text"/>                                       | Line 2 <input type="text"/>                                       |   |
| <sup>1</sup> Zip Code <input type="text"/> - <input type="text"/> | <sup>1</sup> Zip Code <input type="text"/> - <input type="text"/> |   |
| *City <input type="text"/>  | *City <input type="text"/>  |   |
| *State <input type="text"/> <input type="button" value="v"/>      | *State <input type="text"/> <input type="button" value="v"/>      |   |
| *County <input type="text"/> <input type="button" value="v"/>     | *County <input type="text"/> <input type="button" value="v"/>     |   |
| Primary Contact   |   |   |
| Name <input type="text"/>   |   | <input type="text"/>  |
| Phone Number <input type="text"/> - <input type="text"/>          | Ext <input type="text"/>  | E-Mail <input type="text"/>   |

**FACILITY DETAILS**

|   |  |                                      |
|---|--|--------------------------------------|
|   | *Facility Status <input type="text" value="Open"/> | Hospital CCN <input type="text"/>    |
| *Date Opened <input type="text"/>                             | Date Closed <input type="text"/>                   | *Effective Date <input type="text"/> |
| Provider Use Type <input type="text"/>                        | *Location Type <input type="text"/>                | *Profit Status <input type="text"/>  |
| Authorized Batch Submitting Organization <input type="text"/> |  |                                      |

**Ownership / Management Affiliations**

|                                  |  |
|----------------------------------|--|
| *Owned By <input type="text"/>   | If Other, Please Enter Name <input type="text"/> |
| Other Owner <input type="text"/> | If Other, Please Enter Name <input type="text"/> |
| Managed By <input type="text"/>  | If Other, Please Enter Name <input type="text"/> |

**Backup Facility Information \***

|  |   |
|--|---|
| <sup>2</sup> Facility CCN #1 <input type="text"/>            | <sup>2</sup> Facility NPI #1 <input type="text"/> |
| Facility DBA Name #1 <input type="text" value="Select One"/> |   |
| <sup>2</sup> Facility CCN #2 <input type="text"/>            | <sup>2</sup> Facility NPI #2 <input type="text"/> |
| Facility DBA Name #2 <input type="text" value="Select One"/> |   |

**SERVICES AND CERTIFICATION INFO**

|   |   |
|---|---|
| * Certification Type <input type="text"/> | * Initial Certification Date <input type="text"/> |
|---|---|

**Stations Info**

|  |  |  |
|--|--|--|
| *Certified Number of Stations <input type="text"/> | *Number of Isolation Stations <input type="text"/> | *Total Number of Stations Available <input type="text"/> |
|--|--|--|

**Medicare Certified Services Offered \***

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Hemodialysis       | <input type="checkbox"/> Home Support (HD)   | <input type="checkbox"/> Home Support (PD) | <input type="checkbox"/> Home Training (HD) |
| <input type="checkbox"/> Home Training (PD) | <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Transplantation   |   |

**Additional Services Offered (Non-Medicare) \***

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Accepts Pediatrics        | <input type="checkbox"/> Accepts Transients          | <input type="checkbox"/> CAPD                     | <input type="checkbox"/> CCPD                   |
| <input type="checkbox"/> Frequent Dialysis at Home | <input type="checkbox"/> Frequent Dialysis In-Center | <input type="checkbox"/> Home IPD                 | <input type="checkbox"/> In-Center Peritoneal   |
| <input type="checkbox"/> Isolation Stations        | <input type="checkbox"/> Nocturnal Hemodialysis      | <input type="checkbox"/> Practices Dialyzer Reuse | <input type="checkbox"/> Shift start after 5 pm |

**HOURS AND SHIFTS**

|                   | <b>* Status</b>                 | <b>*Open Time</b>    | <b>*Close Time</b>   | <b>*Number of Shifts</b> |
|-------------------|---------------------------------|----------------------|----------------------|--------------------------|
| <b>*Monday</b>    | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| <b>*Tuesday</b>   | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| <b>*Wednesday</b> | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| <b>*Thursday</b>  | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| <b>*Friday</b>    | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| <b>*Saturday</b>  | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| <b>*Sunday</b>    | <input type="checkbox"/> Closed | <input type="text"/> | <input type="text"/> | <input type="text"/>     |