

000000 – NW 16 FACILITY NAME  
 Ending Patient Population as of and including 06/30/2011  
 National Prevalence

**ENDING PATIENT POPULATION GUIDE**

Race Codes: 1: American Indian/AK Native, 2=Asian, 3=Black or African American, 4=White, 6=Native Hawaiian or Other Pacific Islander

| 1. UPI     | 2. Name        | 3. HIC/MC         | 4. SSN      | 5. DOB     | 6. Sex | 7. RACE /ETH/ Trib.  | 8. UPIN/ MD        | 9 Modality-Event Date | 10. Fac Updates |
|------------|----------------|-------------------|-------------|------------|--------|----------------------|--------------------|-----------------------|-----------------|
| 1600000000 | Kidney, Kathy  | 111-11-1111A<br>Y | 111-11-1111 | 04/01/1922 | F      | 1<br>Not Hisp or Lat | X00000<br>Neph. A. | InCenter Hemo         |                 |
| 1600000000 | Nephron, Neil  | P                 | 111-11-1111 | 04/01/1923 | M      | 1<br>Hisp or Lat     | X00001<br>Neph. B  | CAPD                  |                 |
| 1600000000 | Dialysis, Dora | E11-11-1111<br>Y  | 111-11-1111 | 04/01/1924 | F      | 2<br>Not Hisp or Lat | X00002<br>Neph. C  | CCPD                  |                 |

Total Ending population 3 (1 in unit, 2 in home) (Medicare Y: 2 P: 1 N: 0) (modality In-Center Hemo: 1 In-Center IPD: 0 In-Center Self: 0 Training Hemo: 0 Training IPD: 0 Training CAPD: 0 Training CCPD: 0 Home Hemo: 0 Home Assisted Hemo: 0 Home IPD: 0 Home CAPD: 1 Home CCPD: 1 Unknown: 0

- UPI:** For Network Purposes only – Disregard
- Name:** Provide any corrections/updates for patient’s name. If a patient has changed their name, please provide a copy of a current Social Security Card or Medicare Card. **NOTE: If the name is different from what you reported, please check the Medicare Card for verification. In anticipation of the conversion to CROWNWeb, the Network has changed patient names to match Medicare records.**
- HIC/MC:** Update patients Medicare status – **Y = Yes, P = Pending, N = Non-Medicare.**
  - Example 1: Indicates patient has Medicare – shows HIC # & “Y” for Yes – patient has Medicare. If you show the patient’s Medicare ends in a T rather than an A, HIC# has been updated by CMS. -No action is required of you.
  - Example 2: Patient’s last known status was Medicare application “P” – Pending. Please update the status. If the patient has received their Medicare, provide HIC #. **If patient was denied Medicare or is choosing not to apply at this time, please change status to “N” Non-Medicare.**
  - Example 3: This is a CMS required conversion of a Railroad Medicare Number (MC starts with a letter) – No action is required of you (see Quarterly Report FAQs).
- SSN:** Provide any corrections/updates for patient’s social security #. Include a copy of the social security card along with the correction.
- 5, 6 & 7: DOB/Sex & RACE/ETH/Tribal:** Provide corrections if needed. NOTE: In anticipation of the conversion to CROWNWeb the DOB may have been corrected to match Medicare.
- UPIN/MD:** Update patient’s following nephrologist. Note – If nephrologist does not have a UPIN, the 10 digit NPI will be listed instead.
- Modality-Event Date:** Provide any updates to the patient’s modality. Write the new modality and the date the change occurred in the Facility Update section. NOTE: **Disregard the Event date printed on the report** – this is for internal Network purposes only.
- Facility Updates:** Please write corrections/updates in this field.