

**CROWNWeb Questions from Phase 2 Users
Recorded During the August 20, 2009 Conference Call**

Question	RCT Response
<p>Entered clinical data and received an error message about serum calcium values missing. There are no values that are for labeled serum calcium.</p> <p>Network provided input that the error was related to corrected and uncorrected calcium in the mineral metabolism section.</p> <p>Is it possible to have the error correlate to the field name so facilities are not confused? (Network question)</p>	<p>The issue with this particular error message was discovered in February, 2009 and deferred by CMS for a future release.</p> <p>The Change request number is CRRQMT_165.</p>
<p>Received a batch error report from corporate and unclear on how to resolve the issue.</p> <p>Network not familiar with batch error reports and unable to assist.</p>	<p>Facilities and Networks in some cases do not know how to read the BATCH error reports that are produced in an XML format.</p> <p>CMS requested that CSC to send out documents so that the user community can understand the BATCH Error reports.</p> <p>However, the Facilities should address their BATCH errors with the entity that sent the report, i.e. BSO.</p>
<p>What is the process for obtaining physician and patient signatures?</p> <p>Currently CROWNWeb requires the physician and patient signatures before submitting the form. Will Social Security Administration accept the CROWNWeb form without the physician signatures? Or do we need to complete a blank form prior to entering in CROWNWeb and have the physician sign that form and not the CROWNWeb form.</p>	<p>SSA does not allow electronic signature, therefore the facilities would follow their current process for obtaining signatures.</p> <p>CROWNWeb will allow the user to enter all of the data electronically; however the CMS-2728 OMB form requires the actual signature of the Physician and Patient.</p> <p>The CMS-2746 OMB form requires the actual signature of the person completing the form.</p> <p>The facilities would defer to their Networks as to whether they will be required to send a copy of the signed submitted OMB Forms.</p>

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	<p>Reminder: the user can either complete a blank form as they always have or enter the data into CW, save the form, then print the form to get the signatures. Once they have the signatures, they must go back into CW to enter the signature dates and submit the form.</p>
<p>Peritoneal Data:</p> <p>The field for Prescription change after adequacy measurement: Yes or No</p> <p>The prescription may not change after the adequacy measurement; however, the prescription still might be changed for reasons other than the adequacy measurement.</p> <p>We would obviously enter yes if the prescription changed due to adequacy measurement.</p> <ul style="list-style-type: none"> • Do we enter yes if the prescription changed due to any reason? OR.... • Do we put No if the prescription changed but NOT due to adequacy measurement? 	<p>Prescription Change after Adequacy Measurement field in the UI is KDDRQMT_329 and relates solely to a change in a prescription due to an Adequacy Measurement.</p> <p>This field does not relate to the <u>Prescription Information</u> section of the Clinical Module. These fields: ESA Prescribed ?, Date ESA Prescription Changed, Intravenous (IV) Iron Prescribed?, and Date Intravenous (IV) Iron Prescribed Changed are the fields where the user indicates if a patient has a current prescription for an ESA or IV and the dates of the prescription or when it has changed. CMS concurred.</p>
<p>Home Hemodialysis -- Delivered minutes of BUN session:</p> <p>The number of minutes changes daily for the home patients because there are numerous factors built into their dialysis times. We have some (many) noncompliant patients who do not keep logs on EVERY treatment, or do not bring their treatment logs into our center, etc.</p> <p>This value is going to be extremely hard to get as we will have to rely on the patients-which is a huge challenge.</p>	<p>Since there is no mechanism for a facility to ensure that a patient is compliant with the dialysis prescription it would seem reasonable to use the prescribed treatment time, and CMS concurred.</p> <p>The issue with the naming convention of the PD Kt/V was addressed in the CROWNWeb SOP TEP and a Change Request was entered to address this in a future release of CROWNWeb. It is CRRQMT_166.</p> <p>In CROWNWeb for Peritoneal patients,</p>

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<ul style="list-style-type: none"> • Can we use the “prescribed” treatment time for the delivered minutes of BUN session? • Kt/V for Home dialysis patients are WEEKLY values as opposed to a monthly value, so is there some way to distinguish that in CROWNWeb? (It is listed as WEEKLY Kt/V for PD in CROWNWeb) 	<p>Weekly Kt/V actually refers to the “TOTAL WEEKLY” value. This actually refers to how the data is collected rather than the frequency of the collection. Additionally, all values entered should be the last value for the monthly reporting period.</p>
<p>The Weekly Kt/V may be calculated before the last draw date or before the current month we are entering data for.</p> <p>Will CROWNWeb accept that date?</p>	<p>A lab draw from a previous month cannot be used in a current month’s patient clinical data.</p> <p>CMS concurred that only lab drawn in the clinical month can be used for the CPM measures.</p>
<p>Is the 24 hour dialysate volume the INFLOW or the OUTFLOW volume?</p>	<p>RCT researched this and determined it is the Outflow volume.</p> <p>CMS requested that RCT enter a CR to all outflow to the definition. The CR is CRRQMT_168.</p>
<p>For PD Information... The serum creatinine: does that have to be the value that was drawn the date the adequacy was performed, or should that just be the most recent serum creatinine?</p>	<p>The System presents a warning message if the date Adequacy was performed is not the same date as the Serum Creatinine. It does not prevent the user from using a date different from the Date Adequacy was Performed.</p>
<p>On the RRF Assessed in Adequacy? We need some clarification on this as well. We use urine in the adequacy assessment IF they have urine, if they do not, then it is not in the adequacy assessment. Is that what this is asking, or is it as simple as yes we assess if they have urine or not?</p>	<p>This definition asks the user to indicate whether the standard process of assessing Residual Renal Function was performed when calculating the weekly Kt/V. CMS concurred that the standard process requires using a urine sample in the adequacy assessment. Therefore, the user would answer yes to this question when they have a sample of the patient's urine.</p>

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<p>Clinical Module – Vascular Access – Date of Reported Dialysis Session: Q: What date do you want for Date of Reported Dialysis Session?</p> <p>The tip says “Enter date being referenced when supplying the patient’s vascular access details”.</p> <p>Does this mean when the access type you are entering was placed? The date the person enters the information? The date the access was used?</p> <p>(Facility follow-up question - If the patient used the access it would be every treatment. If this is what you are referring to, do you want the first or the last treatment of the month?).</p>	<p>The Date of Reported Dialysis Session is the day the patient's vascular access was assessed. CMS concurred.</p>
<p>Clinical Module – General Q: For interruption in service patients (patients that are still counted in the facility’s numbers, but are in an acute care setting >30 days and are expected to return), or patients who are in the hospital but still under the care of the provider number, do you expect them to contact the hospital or acute care center to get the clinical labs/vascular access information?</p>	<p>No, the facility would <u>not</u> enter clinical lab data or vascular access information when a patient is in an acute setting greater than 30 days.</p>