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CROWNWeb

consolidated renal operations in a web-enabled network

Training Guide

2012



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QualityNet Identity Management System (QIMS)

What Is QIMS?

The QualityNet Identity Management System (QIMS) is the CMS identity authorization and management system put in place to control and manage access to key government information systems, such as CROWNWeb.

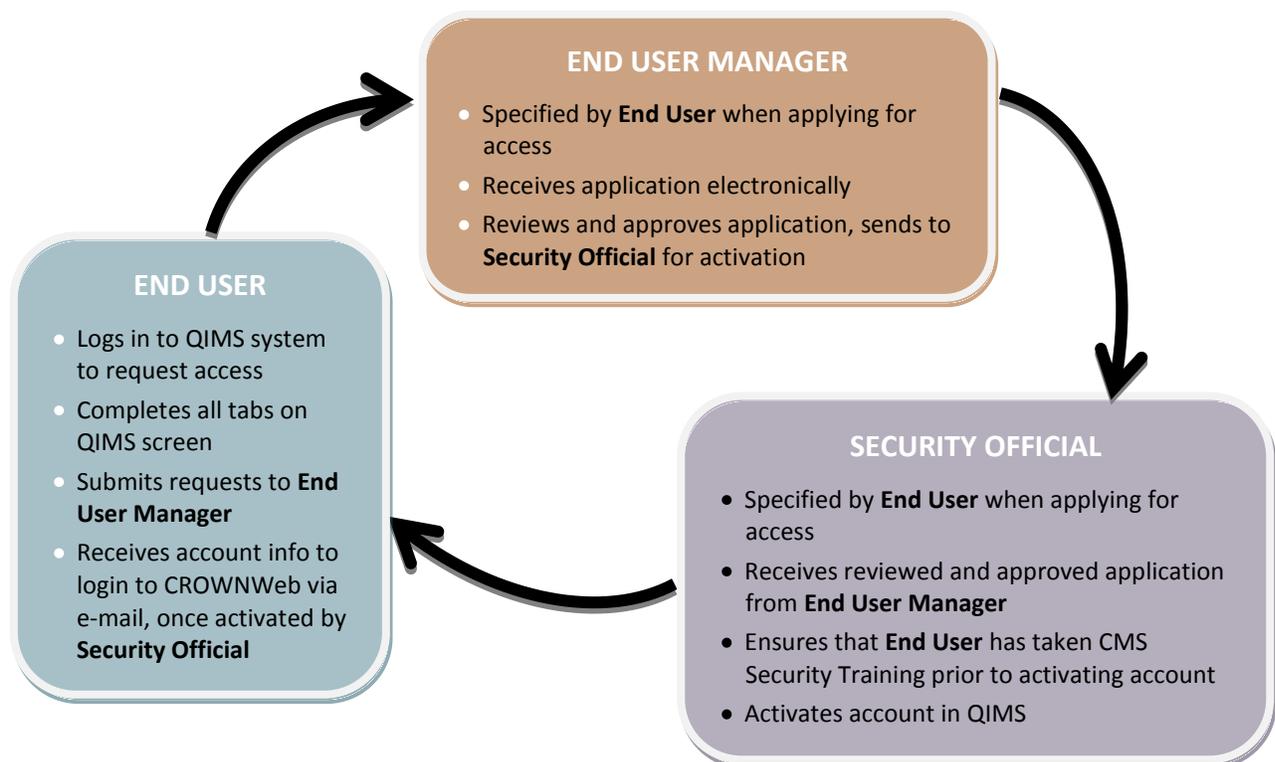
Why Do We Need a QIMS Account?

QIMS provides tiered levels of account access and management to CROWNWeb. In CROWNWeb, facility Security Officials (SO) and End User Managers (EUM) authorize and manage access to CROWNWeb at their facility using the QIMS system.

Creating an End User (EU) account in QIMS requires the involvement of three individuals. These individuals are:

- **End User** – The individual submitting the request for a QIMS Account.
- **End User Manager** – The individual who must review and approve the information submitted by the account requestor.
- **Security Official** – The individual who must activate the account.

The graphic available below outlines the high-level process to request and obtain an End User QIMS account.



What Is CROWNWeb?

CROWNWeb is a CMS-mandated data collection system that every Medicare-certified dialysis facility must use to input their patient and facility data, as well as monthly clinical measurements for patients.

CROWNWeb is a web-based data collection system, which means that there is no software to install on computers in your facility. Rather, you will access CROWNWeb by using the Internet Explorer browser to visit a website, where you will login to and use CROWNWeb at <https://idm.qualitynet.org/idm/user>.

Why Is CROWNWeb Here?

The ESRD Conditions for Coverage for End-Stage Renal Disease Facilities document (<http://www.cms.hhs.gov/CFCsAndCoPs/downloads/ESRDfinalrule0415.pdf>) published in April of 2008 outlines the need for CROWNWeb as follows on page 20484:

494.180(h) - Standard: Furnishing data and information for ESRD program administration. Effective February 1, 2009, the dialysis facility must furnish data and information to CMS and at intervals as specified by the Secretary. This information is used in a national ESRD information system and in compilations relevant to program administration, including claims processing and reimbursement, quality improvement, and performance assessment. The data and information must —

- (1) Be submitted at the intervals specified by the Secretary;
- (2) Be submitted electronically in the format specified by the Secretary;
- (3) Include, but not be limited to—
 - (i) Cost reports;
 - (ii) ESRD administrative forms;
 - (iii) Patient survival information; and
 - (iv) Existing ESRD clinical performance measures, and any future clinical performance standards developed in accordance with a voluntary consensus standards process identified by the Secretary.

What Can I Do In CROWNWeb?

CROWNWeb allows facilities to enter data, manage data, and view reports on the following areas:

- Patient information (including demographics, modality, and treatment)
- Facility information (including demographics, hours, and types of services)
- Personnel information (including current staff members and job titles)
- Clinical values
- Facility and Patient Reports

Starting Your Session

Before logging into CROWNWeb, follow these steps:

1. Close any instances of Internet Explorer you may have open.
2. Open a new session of Internet Explorer.
3. At the end of the CROWNWeb session, you must log out and then close the browser session/window which contained the application.

Performing these steps keeps your browser session clear of any other web page data that could potentially affect how your computer works with CROWNWeb.

Log In to CROWNWeb

To log in to CROWNWeb, follow these steps:

1. Launch Internet Explorer. In the **URL Address** field enter: **www.qualitynet.org** and either press **ENTER** or click on the **down arrow**. The *QualityNet Home Page* displays.
2. Click on the **ESRD** tab. The *End-Stage Renal Disease (ESRD) Overview* screen displays.
3. Under the CROWNWeb header in the left-hand column, click on **LogIn**. The *QIMS Login* screen displays.
4. Enter your QIMS User ID and Password, and then click **Log In** or press **ENTER**. A *User Authentication Challenge* window displays.
5. In the **Pass Code** field, enter the six-digit Two-Factor Authentication (TFA) code that you should have received through your e-mail, text message, or telephone. Then, click **Submit**.

NOTE: *Trusted computers can bypass the TFA security measure for up to 12 hours. If this is a trusted computer, click the checkbox to bypass this process. This will only work for the same user on the same computer.*

6. A CMS security pop-up window displays informing that you are accessing a U.S. Government information system. To agree to the terms on the screen, click **I Accept**. The *CROWNWeb Home Page* displays.

Notes:

Managing User Role and Scope

What Is Role and Scope?

A user's **role** determines what tasks they can perform in CROWNWeb. A user's **scope** determines at which facilities they can perform those tasks.

A user may be assigned more than one role, and may have scope over more than one facility.

| ROLE | FUNCTIONS |
|-------------------------------|--|
| Facility Viewer | May read information. |
| Facility Editor | May read, add and edit information. |
| Facility Administrator | May read information and assign role and scope for users within their scope. |

Only the **Help Desk** can give a Facility Administrator access to manage Role and Scope. This must be requested using a *CROWNWeb Part B* form, available from the ESRD tab of www.qualitynet.org.

Only Facility Administrators can manage Role and Scope for the Facility Editors and Facility Viewers at facilities they have scope over (but not for other Facility Administrators).

Why Is Role and Scope Important?

Role and scope operates as a level of security in CROWNWeb. When Facility Administrators authorize specific users to perform specific tasks, unauthorized users are prevented from accessing CROWNWeb, thereby maintaining data integrity.

How to Manage a User's Role

1. From the CROWNWeb *Home* screen, click **Admin**. The *User Account Administration* screen displays.
2. Click **User Role Manager**. The *Manage User Roles* screen displays.

NOTE: *You must set up roles for a new user before assigning scope.*

3. Click in the **User Last Name** field and start to enter the last name, or click in the **User ID** field and enter the complete User ID. The *Manage User Roles* screen refreshes and displays a list of users who meet the criteria entered.
4. Click the **User Name** of the desired user. The *Manage User Roles* screen refreshes, displaying the Roles Assigned and the Roles Available to the selected user.

- 5. To add a role, click the role in the left column, then click the right arrow button (>).
- 6. To remove a role, click the role in the right column, then click the left arrow button (<).
- 7. When all changes have been made, click **Submit**. The *Manage User Roles* screen displays the message “**User was saved.**”

How to Manage a User’s Scope

- 1. From the CROWNWeb *Home* screen, click **Admin**. The *User Account Administration* screen displays.
- 2. Click **Facility Scope Manager**. The *Manage Facility User Scope* screen displays.
- 3. Click in the **User Last Name** field and begin to enter the user's name, or click in the **User ID** field and enter the complete User ID. The *Manage Facility User Scope* screen refreshes, displaying a list of users who meet the criteria entered.
- 4. Click the **User Name** of the desired user. The *Manage Facility User Scope* screen displays the role(s) assigned to that user.
- 5. To add a facility, click the facility in the left column, then click the right arrow button (>).
To remove an assigned facility, click the facility in the right column, then click the left arrow button (<).
- 6. Click **Submit**. The *Manage Facility User Scope* screen displays the message “**User was saved.**”

Notes:

Admit a New or Transient Patient

Why Admit a Patient?

Patients must be admitted in CROWNWeb because facility users do not have access to a patient's information until *after* the patient has been admitted to your facility. You cannot view, edit, add, or delete any patient information until that patient has been admitted.

What Is Involved In the Admit Process?

CROWNWeb allows you to enter and submit patient data so that a patient can be admitted to your facility.

Both dialysis and transplant patients can be admitted. This includes new dialysis patients, transfer-in dialysis patients, patients who restart dialysis, patients who begin dialysis after transplant failure, or patients who start dialysis in support of a transplant.

When admitting a patient, the system searches for exact or similar patients within CROWNWeb, based on six identifiers:

- Social Security Number
- Medicare Claim Number
- First Name
- Last Name
- Gender
- Date of Birth

This is to prevent admitting a patient that has already been admitted to another facility. If no *exact* or *near match* exists, CROWNWeb creates a new patient record.

How to Admit a New Patient to Your Facility

1. From the *Home* screen, click **Patients**. The *Search for Patients* screen displays.
2. Click **Admit Patient** in the sub-menu. The *Admit Patient* screen displays.
3. Enter or select the required patient information, then click **Next**. The *Admit a Patient – Add Treatment Information* screen displays.
4. Enter or select the patient's treatment information, then click **Next**. The *Add Patient Attributes* screen displays.

NOTE: *Although not required to submit data, the **Dialysis Time Period** field may be required when completing the CMS-2744. Enter this data now to avoid having to return and enter it later on.*

5. Enter the patient attributes data, and then click **Submit**.

NOTE: *The data entered on the “Patient Attributes” screen will carry-over to the CMS-2728 and CMS-2746 forms. You should complete all required information on the “Patient Attributes” screen prior to creating a CMS-2728 form, in order to avoid having to return to this screen later.*

6. The *View Patient Attributes* screen displays the message **“View Patient Details – SUBMITTED.”**

Near Match Out-of-Scope Patient

What Is a Near Match Out-of-Scope Patient?

When admitting a patient that CROWNWeb thinks is a match, but the patient is *not* at a facility within your scope, this is a **Near Match Out of Scope** and you must contact the Network for assistance in resolving the situation. The Network can override the patient record for you.

How to Admit a Near Match Out-of-Scope Patient

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Click **Admit Patient** in the sub-menu. The *Admit Patient* screen displays.
3. Enter or select the required information, then click **Next**. The *Patient Match Results* screen displays the information entered, along with the following message:
“Possible duplicate patients outside of your scope have been identified. It is recommended that you contact your ESRD Network to investigate the possible duplicate(s) for the patient you are admitting. You may not admit this patient without the assistance of your ESRD Network.”
4. Contact your ESRD Network for further assistance in admitting this patient.

Notes:

Near Match In Scope Patient

What Is a Near Match In Scope Patient?

When admitting a patient in CROWNWeb, if almost all of the identifiers match a patient that already exists in a facility within your scope, then a **near match** will occur. The *Possible Duplicate Patients* screen in CROWNWeb will display information on both the patient that is already in CROWNWeb and the patient you are admitting.

You need to:

- Review the match details on the screen.
- Decide if the patient is a match.
- Determine whether the data in CROWNWeb or the data you are entering is incorrect.

How to Admit a Near Match In Scope Patient

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Click **Admit Patient** in the sub-menu. The *Admit Patient* screen displays.
3. Enter or select the required information, then click **Next**. The *Possible Duplicate Patients* screen displays.
4. Review the screen. If the information you just entered for the patient is incorrect (e.g., a typing error), click **Admit Patient** in the breadcrumb trail. The *Admit Patient* screen displays.
5. Make the corrections to the patient's data and continue admitting the patient.
6. When all patient data has been submitted and validated, the message "**View Patient Details – SUBMITTED**" displays.

If the information you are entering for a patient is correct on the *Possible Duplicate Patients* screen and what is in CROWNWeb is incorrect, then:

1. Click on the patient name link for the patient listed in CROWNWeb.
2. Click **Edit Patient** in the gray sub-menu. The *View Patient Attributes* screen displays.
3. Make the corrections to the patient's records, and then click **Submit**. The message "**View Patient Details – SUBMITTED**" displays.

Exact Match Patients

What Is An Exact Match Patient?

When either the patient's SSN or Medicare Claim Number (but not both) are populated in the Admit Patient process *and* there is a match on either the SSN or Medicare Claim Number *and* the other four personal identifiers (Last Name, First Name, DOB, and Gender), CROWNWeb considers this to be an **exact match**.

When both the patient's SSN and Medicare Claim Number are populated in the Admit Patient process and one of the numeric identifiers match and the patient does *not* have a populated value for the other numeric identifier, then this is also considered an **exact match**.

If you find an exact match for the patient outside your scope, the *Patient Admission Confirmation* dialog screen displays.

If you wish to obtain scope over this patient, confirm it by clicking **Accept**. CROWNWeb displays the *Add Dialysis Treatment Information* screen, followed by the *Add Patient Attributes* screen.

If you don't wish to obtain scope over the patient, click the **Cancel** button. CROWNWeb cancels the admission.

How to Admit an Exact Match Patient

1. From the *Home* screen, click **Patients**. The *Search for Patients* screen displays.
2. Click the **Admit Patient** link. The *Admit Patient* screen displays.
3. Enter or select the six identifiers for admitting a patient:
 - Social Security Number
 - Medicare Claim Number
 - First Name
 - Last Name
 - Gender
 - Date of Birth
4. Click **Next**. If CROWNWeb finds an exact match for the patient outside your scope, the *Patient Admission Confirmation* dialog screen displays. Click **Accept** to continue with the admission process. The *Add Dialysis Treatment Information* screen displays.
5. Enter the patient's dialysis treatment information, and then click **Next**. The *Edit Patient Attributes* screen displays with the message: **"This Patient was an exact match for the New Patient info you entered."**

6. Review the patient's pre-populated attributes data, then click **Submit**. The *View Patient Details – SUBMITTED* screen displays.

NOTE: *You may apply any necessary changes to the patient's attribute data prior to clicking **Submit**.*

Transient Patients

About Transient Patients

A transient patient is a patient requiring short-term dialysis at a facility other than their home facility on a temporary basis. Patients are considered “transient” if they are receiving treatment for fewer than 30 days or 13 treatments. Any temporary admission—even for one treatment—from another facility for a short duration requires the temporary facility to admit the patient as **Transient**. This will admit the patient to the temporary facility without discharging them from the home facility.

NOTE: *Transient patients are the only patients that can be admitted to more than one facility at a time in CROWNWeb.*

Facilities must admit every transient patient to their facility. When admitting a “transfer in” patient with transient status, CROWNWeb requires the reason for transient status, the transient address, and transient phone number.

If a patient stays at the temporary facility beyond the 30 days or 13 treatments, the facility must edit the admit record and change the **Transient** field from *Yes* to *No* to make the transient admission permanent. If the patient leaves within the 30 day/13 treatment transient windows, the facility must discharge the transient patient using the reason of *Transfer* with a Transfer Sub-Reason of *Dialysis Facility*. This terminates the transient admission while retaining the home facility admission.

How to Admit a Transient Patient

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Click **Admit Patient** in the sub-menu. The *Admit Patient* screen displays.
3. Enter or select the required information. Ensure that *Transfer In* is selected as the **Admit Reason**, and *Yes* is selected for the **Transient Status**.
4. Enter or select the required information for the Transient Reason and Transient Address, then click **Next**. The *Patient Admission Confirmation* screen displays.
5. Click **Accept**. The *Admit a Patient – Add Treatment Information* screen displays.

Viewing and Editing Patient Attributes

What Are Patient Attributes?

The *Patient Attributes* screen in CROWNWeb is used to enter and display a patient’s personal, demographic, and treatment information. You can edit the information on the *Patient Attributes* screen as needed.

How to Edit a Patient’s Attributes Record

1. From the *Home* screen, click **Patients**. The *Search for Patients* screen displays.
2. Enter the desired information to search for the patient, and then click **Search**. The *Patient Search Results* screen displays.
3. Click the desired patient’s **CROWN UPI** link. The *View Patient Attributes* screen displays.
4. Click **Edit Patient** in the sub-menu. The *Edit Patient Attributes* screen displays.
5. Apply desired changes to the patient’s record, and then click **Submit**.

NOTE: *If only the patient’s physical address is changing, you must ensure that the **Physical Address (Same as Mailing Address)** box is unchecked. This applies if the patient’s mailing address and physical address were the same at one point.*

6. The *View Patient Attributes* screen displays the message “**View Patient Details – SUBMITTED.**”

Notes:

Completing an Initial CMS-2728 Form

What Is a CMS-2728 Form?

After you admit a patient, you must first complete an Initial CMS-2728 form. Facilities only create one Initial 2728 form for a patient, and this form does not require the completion of Sections C and D.

How to Complete an Initial CMS-2728 for a Patient

CREATING THE INITIAL 2728

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Enter the desired search criteria, and then click **Search**. The *Patient Search Results* screen displays.
3. Click the desired patient's **CROWN UPI** link. The *View Patient Attributes* screen displays.
4. Click **2728** in the gray sub-menu. The *Manage 2728 Forms* screen displays.
5. Click the **Add 2728** button. If the form passes all required validations with the pre-populated read-only values, the *Add an ESRD Medical Evidence (2728)* screen displays.

COMPLETING, SAVING, AND PRINTING THE INITIAL 2728

1. Enter or select patient information for Sections A and B.
2. Click **Save**. The message **“Form 2728 was saved”** displays.
3. Scroll to the bottom of the screen, and then click **Print**. The report viewer displays the CMS-2728 form in PDF format.
4. Click the **printer** icon (). The “Print” dialog box displays. Select the desired printer, and then click **OK**.
5. Once printed, take the paper form and obtain the required signatures from the attending physician and patient (in blue ink).
6. Return to CROWNWeb to finish submitting the CMS-2728 Form.

SUBMITTING THE INITIAL 2728

1. From the *Home* screen, click **Patients**. The *Search for Patients* screen displays.
2. Enter the desired information to search for the patient, and then click **Search**. The *Patient Search Results* screen displays.
3. Click the desired patient's **CROWN UPI** link. The *View Patient Attributes* screen displays.
4. Click **2728** in the gray sub-menu. The *Manage 2728 Forms* screen displays.

5. Click the **Initial Dialysis**  link. The *View ESRD Medical Evidence (2728) – Saved* screen displays.
6. Click **Edit 2728** in the gray sub-menu. The *Form 2728* screen displays.
7. In Sections E-F, enter the dates that the Attending Physician and Patient signed the form (and any other missing data).
8. In the **GFR Calculation Method** field, select the GFR calculation method (if this has not already been selected through facility preferences).
9. Click **Submit**. The *View ESRD Medical Evidence (2728) – Submitted* screen displays the message “**View ESRD Medical Evidence (2728) – Submitted.**”
10. Mail the printed and signed CMS-2728 to the Social Security Administration.

Additional Notes on Completing the Initial CMS-2728

Submitting the 2728 Form

If you click **Submit** and the record passes validation, the form is submitted. The form cannot be submitted without valid data in the required fields. The asterisk symbol (*) next to a field means that it is a required field to save or submit the form.

GFR

The GFR is calculated when you click **Save** or **Submit**. (However, CROWNWeb cannot calculate the GFR without data in the **Serum Creatinine Collection Date** field for the age portion of the calculation and data selected in the patient’s **Race** fields.) These values do not have to be present when saving.

If the GFR is outside of the acceptable range, CROWNWeb generates a warning message and requires that you enter a remark in the **Remarks** box.

Correcting Validation Errors

If a field fails validation, CROWNWeb displays error messages at the top of the screen containing the field number with a description of the error. You cannot save or submit the CMS-2728 form until you resolve all errors.

Notes:

Manage Clinical Information

What Is Managing Clinical Information?

CROWNWeb allows Facility Editors, Network Patient Editors, CMS Editors, and System Administrators to manage (i.e., add, update, delete, search, and view) clinical information for eligible patients at a facility within their scope. An **eligible** patient is a patient who has been admitted to the selected facility and has a treatment record in the selected modality (hemodialysis or peritoneal dialysis) for at least part of the selected clinical month. The Patient Information portion of the screen allows you to locate patients with or without clinical values.

How to Search For a Patient to Enter Clinical Values

1. From the *Home* screen, click **Clinical**. The *Manage Patient Clinical Values* screen displays.
2. Select information in each of the following fields:
 - **Facility DBA Name**
 - **Collection Type** (Hemodialysis, Peritoneal Dialysis, or Vascular Access)
 - **Clinical Month**
 - **Display Patients** (Optional – With or Without Clinical Values)

NOTE: If **(Closed)** displays to the right of the clinical month, you can no longer submit data for that month.

3. When you have entered the desired clinical parameters, click **Go**. The *Manage Patient Clinical Values* screen refreshes and displays a list of patients in the **Patient** field drop-down list.

You can now begin to enter clinical values for a patient by following the steps in the next section.

How to Enter Clinical Values for a Patient

1. In the Patient drop-down list, click the name of the patient that you wish to add clinical data for. The screen refreshes and that patient's record is loaded. Data you enter will be submitted for that patient when you click **Submit**.
2. Enter clinical values for the patient beginning with the Medication Allergies section, providing data for all eleven sections in the Clinical screen.
 - a. Fields required for submission are marked with a red asterisk. You must populate these fields in order to successfully submit data for a patient.

- b. Fields that are not marked with a red asterisk are still required by CMS IF the lab value is available. You can submit clinical data without populating these fields, but CMS expects data for these fields if available.
 - c. If you do not have a lab value for a particular field for the patient (it was not taken during the month, your lab does not calculate that value), the field is not required.
3. Once you enter all available data (including all fields marked with a red asterisk), click **Submit**.

Notes:

Adding Treatment Information

What Is Treatment Information?

Patient treatment information is the doctor-prescribed dialysis treatment which includes modality, sessions per week, time per session (in minutes), and the attending practitioner.

There are two ways you can access the *Add Treatment Information* screen for a dialysis patient:

1. During admission using the *Admit a Patient* screen, or
2. If a dialysis admission for that patient already exists.

During Admission

You must add a new patient's dialysis treatment information when admitting the patient to a facility within your scope. The *Add Treatment Information* screen displays once you enter the patient's information in the *Admit Patient* screen.

Existing Dialysis Admission for the Patient

When a patient is admitted to a facility, CROWNWeb uses the *Treatment Summary* screen to track changes in the modality.

You must add a new treatment record for your existing dialysis patients any time there is a permanent change in the prescription of dialysis, including modality, sessions per week, time per session (in minutes), or attending practitioner.

How to Add Dialysis Treatment Information for a Patient

1. From the *Home* screen, click **Patients**. The *Search for Patients* screen displays.
2. Enter the desired search criteria, and then click **Search**. The *Patient Search Results* screen displays.
3. Click the desired patient's **CROWN UPI** link. The *View Patient Attributes* screen displays.
4. Click **Admit/Discharge Summary** in the gray sub-menu. The *View Admit/Discharge Summary* screen displays.
5. Click **Treatment Summary**. The *View Treatment Summary* screen displays.
6. Click **Add Treatment** in the gray sub-menu. The *Add Treatment Information* screen displays.
7. Enter the patient's new dialysis treatment information, and then click **Submit**. The *View Treatment Summary* screen displays the new treatment record.

Discharging a Patient

What Is Required to Discharge a Patient?

When discharging patients, you must enter the discharge date, discharge reason, and discharge reason sub-category (if applicable).

For all updates to admit/discharge and patient attributes records, all data in required fields must be validated in CROWNWeb in order for the record to be updated.

If a patient is admitted to another facility and the patient has not yet been discharged from the previous facility, CROWNWeb automatically discharges the patient from the previous facility, with the reason of *System Discharge*, effective on the date the patient was admitted.

How to Discharge a Patient

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Enter the patient criteria, and then click **Search**. The *Patient Search Results* screen displays.
3. Click the desired patient's **CROWN UPI** link. The *View Patient Attributes* screen displays.
4. Click the **Admit/Discharge Summary** link. The *View Admit/Discharge Summary* screen displays.
5. Click the patient's **Admit Date**. The *View Admit/Discharge* screen displays.
6. Click **Edit Admit/Discharge**. The *Edit Admit/Discharge* screen displays.
7. Enter the required information in the Patient Discharge Information section, and then click **Submit**.

NOTE: You can also edit the patient's admission information, if needed, and click **Submit**. You can also remove the admit/discharge information by clicking **Delete**.

8. The *Admit/Discharge Summary* screen displays the message "**Patient Admit Discharge Submitted.**"

Notes:

Viewing and Verifying PART Data

What Is PART?

PART (Patient Atttributes and Related Treatment) data is a set of patient personal information and treatment history obtained from data entered on the *Admit/Discharge*, *Patient Attributes*, and *Dialysis Treatment Information* screens. This screen replaces the Patient Activity Report (PAR). For each patient, you must view, verify, update, and submit this patient activity data via the *PART* screen on a monthly basis to maintain the ESRD Patient Registry.

You can filter patients as follows:

- All Patients
- Current Patients
- Discharged Patients
- Dialysis Facility/In-Center Patients
- Home Patients
- New Patients
- No PART > 30 Days

How to View and Verify PART Data

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Click the **PART** link. The *PART Verification* screen displays.
3. Select the desired facility from the *Facility DBA Name* drop-down list, set the search Filter or enter the *Use Date Range*, then click the **Search** button. PART data for patients who meet the search criteria displays.
4. Verify the accuracy and/or completeness of the PART information for the selected patients at that facility.
5. Click the patient's name in the Patient Name column. The *View Patient Attributes* screen displays from where the Edit Patient hyperlink is located.
6. Apply any necessary edits, and then click **Submit**. The system validates the changes and upon successful validation, stores the updated record.
7. Click the **checkbox** in the *All/None* column for patients with correct and/or complete PART information, and then click **Verify**.
8. The *PART Verification* screen displays the message "**PART Verification – X Patient Records Verified.**"

Completing a CMS-2746 Form

What Is a CMS-2746 Form?

The CMS-2746 Form (*End Stage Renal Disease Death Notification*) is used by providers to notify Medicare of the death of an ESRD patient, the cause of the death, and the date that the death occurred. The Federal Government requires the reporting of all ESRD patient deaths.

You can create only one CMS-2746 for a patient, and you must submit it within 30 days after the patient's date of death.

The **Add 2746 (0)** link in the navigation bar of the *View Patient Attributes* screen indicates that you can add a 2746 for this patient.

Before creating a CMS-2746, you must make sure that:

1. You have entered values in the **Date of Death** and the **Primary Cause of Death** fields on the *Patient Attributes* screen.
2. You have populated the **Discharge Date** and the **Discharge Reason** fields on the *Admit/Discharge Information* screen.

How to Complete a CMS-2746 Form

1. From the *Home* screen, click the **Patients** link. The *Search for Patients* screen displays.
2. Enter the desired information to search for the patient, and then click **Search**. The *Patient Search Results* screen displays.
3. Click the desired patient's **CROWN UPI** link. The *View Patient Attributes* screen displays.
4. Click the **Edit Patient** link. The *Edit Patient Attributes* screen displays.
5. Scroll down and enter the **Date of Death** and **Death Code** in the Medical Info section, then click **Submit**. The *View Patient Attributes* screen displays the message "**Patient Details – Submitted.**"
6. Click **Add 2746 (0)** in the gray sub-menu. The *Add a New Death Notice (2746)* screen displays with information pre-populated from the current patient record.
7. Enter all required information, then click either **Save** or **Submit**. The *View a Death Notice – Saved (or Submitted)* screen displays with the message "**View a Death Notice (2746) – Saved**" (or **SUBMITTED**).

NOTE: Click **Save** when you need to return to CROWNWeb later and finish adding data to the form. Click **Submit** when all required information has been added.

8. Scroll to the bottom of the screen, and then click **Print**. The Report Viewer displays the CMS-2746 form in PDF format.

Generating and Saving a CMS-2744 Form

What Is a CMS-2744 Form?

The *ESRD Facility Survey* forms (CMS-2744A and CMS-2744B) are used to capture and report facility and patient information related to the operation of each Medicare-certified dialysis or transplant facility. This form summarizes the number of:

- Patients receiving care at the beginning of the reporting period
- Losses during the reporting period
- Patients at the end of the reporting period
- Patients enrolled in Medicare
- Hemodialysis patients dialyzing more than four times per week
- Vocational rehabilitation status
- Staffing

You can create only one CMS-2744 within the selected survey period (between January 1 and December 31) for each facility.

Only Facility Editors can generate the CMS-2744 for facilities within their scope from the data in CROWNWeb.

How to Add a CMS-2744 Form

1. From the *Home* screen, click the **Form 2744** link. The *Search 2744* screen displays.
2. Click the **Add New 2744** link. The *Add a New Form 2744* screen displays.
3. Enter facility information, and then click **Add**. The *Add 2744 for Facility XXXXX for Survey Year XXXX* screen displays.
4. In the Treatment and Staffing Information section, enter data in the fields, and then click **Generate**.
5. CROWNWeb displays the message **“Form 2744 generated.”**
6. Scroll to the bottom of the screen, then click **Save**. CROWNWeb displays the message **“Form 2744 – SAVED.”**

How to Submit a Final CMS-2744 for Network Acceptance

1. From the CROWNWeb *Home Page*, click **Form 2744**. The *Form 2744 Search Criteria* screen displays.
2. Click **Status Change Updates** in the sub-menu. The *Status Change Updates* screen displays a listing of all 2744 forms with each form’s current status: *Accepted, Rejected, Finalized* and *Reopened*.

Generating a CMS-2744 Report

What Is the CMS-2744 Report?

The patient data that makes up the annual *ESRD Facility Survey* (CMS-2744A or CMS-2744B) field counts is made available in report form when any 2744 report is generated.

The five CMS-2744 reports are used as supporting resources to ensure that the counts on a facility's survey form balance. You can access these reports at any time throughout the life of the CMS-2744.

What Kind of Reports Can I Generate to Support the CMS-2744?

The following are the reports a dialysis facility can generate to support the counts on the CMS-2744 form:

- "Patients Receiving Care at the End of the Survey"
- "Patients Receiving Care at the Beginning of Survey, Additions and Losses during Survey Period"
- "Hemodialysis Patients Dialyzing More Than 4 Times Per Week"
- "Medicare Eligibility Status at End of Survey Period"
- "Vocational Rehabilitation"

How to Generate a CMS-2744 Report

1. From the *Home* screen, click the **Form** 2744 link. The *Search 2744* screen displays.
2. Enter your search criteria, and then click **Search**. The *Form 2744 Search Results* screen displays a list of 2744s which meet the criteria entered.
3. Click the **ID** of the desired 2744. The *View 2744* screen displays the selected 2744.
4. In the gray sub-menu, click on the desired report link. A "File Download" dialog box displays asking whether you want to **Open** or **Save** the report.
5. Click **Open** to view the report. The report displays in Excel format.
6. To print the report, press **CTRL + P**. The "Print" dialog box displays.
7. Select the desired printer, and then click **OK**.

Notifications and Accretions

What are Notifications and Accretions?

- **Notification:** A discrepancy in patient data between what the Renal Management Information System (REMIS) database has received from another CMS database and what exists in CROWNWeb (e.g., date of birth, last name, or a transplant that wasn't recorded in CROWNWeb).
- **Accretion:** A patient that exists in the REMIS database, believed to be ESRD, but that has not been admitted to a facility in CROWNWeb as a patient.

About REMIS

The REMIS system determines Medicare coverage periods for ESRD patients, tracks the ESRD patient population for both Medicare and non-Medicare patients, and provides secure, role-based access to current ESRD patient and facility data. REMIS gathers information from various other CMS databases and compares that data to CROWNWeb. Each night, CROWNWeb receives any discrepancy information, and assigns the Notification and Accretion to the appropriate facility based on that information. Facilities then use CROWNWeb to troubleshoot and correct these discrepancies.

Working with Notifications and Accretions

Facility Editors can *Accept* or *Reject* notifications/accretions within their scope, mark them as *Under Investigation*, or *Escalate* notifications/accretions to the Network. Facility Administrators can *Investigate*, *Escalate*, or *Re-Assign* notifications and accretions.

- If you accept the notification, CROWNWeb will update the record with that data.
- If you accept the accretion, you must admit the patient to your facility.

All facilities (including batch submitting organizations) are responsible for correcting and maintaining their own data. Networks are responsible for the oversight of notifications and accretions, and will help the facilities resolve these discrepancies.

How to Resolve a Notification

1. From the *Home* screen, click **Action List**. The *View Action List* screen displays.
2. In the **Action Type** field, select either *REMIS Identity Notification* or *Event Notification* from the drop-down list.
3. Select a facility from the **Facility DBA Name** drop-down list. This field auto-populates with facilities in your scope (unless you only have scope over one facility). [Optional] To select a specific facility, enter either the **Facility CCN** or the **Facility NPI**. Click **Go**.

Facility Workshop

4. Click **Submit**. The screen displays any Notifications listed in a table.
5. Click on a Notification link in the Action Type column. The *View Notification* screen displays with a table showing the discrepancies in the Value, Facility, and/or Treatment columns.
6. After reviewing the notification, in the **Action** field (based on the **Notification Action Types** descriptions listed below) select either *Reject* or *Investigate* from the drop-down list. -OR-
For a Treatment notification, go to the patient's Treatment record and manually make any edits, based on the discrepancy. Return to the *View Action List* screen, and in the **Action** field, select *Accept* from the drop-down list.

NOTIFICATION ACTION TYPES

Accept: You agree with the external source; the patient is part of your facility and changes are made.

Reject: After research, you do not agree with the notification and no changes are made.

Investigate: Lets another user know you are investigating this patient.

Escalate: The patient is not in your facility. The notification is reassigned to the Network for help.

7. Add any optional comments in the **Comments** field.
8. If the patient is *not* part of your facility, click the **Escalate** button.
9. Click **Submit**. A warning message displays reminding you that the patient data is being updated. A checkbox and message "**To ignore warnings, please select this checkbox and submit**" also displays under the warning message.
10. To ignore the warnings, click the checkbox and click **Submit** again. The screen refreshes and a message displays confirming the information has been updated in CROWNWeb.

How to Resolve an Accretion

1. From the *Home* screen, click **Action List**. The *View Action List* screen displays.
2. In the **Action Type** field, select *REMIS Accretions* from the drop-down list.
3. Select a facility from the drop-down list in the **Facility DBA Name** field. To select a specific facility, enter either the **Facility CCN** or the **Facility NPI**, then click **Go**.
4. Click **Submit**. The screen displays any Accretions listed in a table.
5. Click an Accretion link in the Action Type column. The *View Accretion* screen displays.
6. Review the screen's information, and add any comments in the **Comments** field, if applicable.

- Assign an action to the Accretion by clicking one of the Action option buttons: **Accept**, **Reject**, **Investigate**, or **Escalate** (see **Accretion Action Types** descriptions below).

ACCRETION ACTION TYPES

Accept: You agree with the external source and will admit the patient to the facility.

Reject: You don't agree with the Accretion. You've researched and the patient is not ESRD.

Investigate: Lets another user know you are investigating this patient.

Escalate: The patient is not in your facility. The Network will need to reassign the Accretion.

- If you clicked **Accept**, begin the Admit process for the patient when the *Patient Information* screen displays. (see page 11, **Admit a New or Transient Patient**)
- Enter any missing information and admit the patient to your facility. The accretion is removed from your *Action List*.

Notes:

Generating a Report

What Type of Reports Can I Generate in CROWNWeb?

As a facility user, you can generate various reports through the **Reports** link on the main navigation menu. Keep in mind that any updates made in CROWNWeb will not appear on a report until 24 hours later. The following is a list of reports that facilities can generate:

Facility Report

- “Facility Personnel”

Patient Report

- “Patient Roster”

Audit Reports

- “Audit Forms”
- “Audit Additions”
- “Audit Deletions”
- “Audit Updates”

Clinical Performance Measures (CPM) Reports

- “ESRD CPM Hemodialysis Summary”
- “ESRD CPM Peritoneal Dialysis Summary”

Quality Improvement Report

- “ESRD Fistula First Summary”

Vascular Access Reports

- “Fistula Rates Comparison”
- “Vascular Access Maturing”

You can also download and print blank CMS-2728 and CMS-2746 Forms from the same screen.

How Do I Generate a Report?

1. From the *Home* screen, click **Reports**. The *Facility Reports* screen displays.
2. Click the desired report name. The *Report Selection Criteria* screen displays.
3. Configure your report options, and then click **Finish**. The *Report Confirmation* screen displays.
4. Click **OK**. The *My Reports* screen displays a list of all reports that you have previously generated, along with the most recently generated report.

Accessing a Report

Where Do I Access My Submitted Reports?

After generating a report, access the submitted report through the **My Reports** link on the main navigation menu. On the *My Reports* screen, you can download, view, or delete completed reports. You have seven days from the report generation date to view or save your completed reports, then they are automatically deleted from the system.

How to Access My Reports

1. From the *Home* screen, click **My Reports**. The *My Reports* screen displays.
2. Click the **Report Type** link for the report you wish to view. A “File Download” dialog box asks if you want to *Open* or *Save* this report.
3. Click the **Open** button. Your report will display using the default program for the selected file type (Excel, CSV, or PDF).

Notes:

Taking CROWNWeb Online Tutorials

You can find the latest CROWNWeb tutorials in the Training section of projectcrownweb.org. The **CROWNWeb Courses** section contains all of the tutorials for using CROWNWeb. These tutorials will help you go step-by-step through key tasks in CROWNWeb.

NOTE: See *Appendix E* for a list of available tutorials online at www.projectcrownweb.org.

How to Create an Online Training Account

1. Go to <http://www.projectcrownweb.org>.
2. Click the **Create Account** link in the [Online Training and Updates Account](#) section.
3. Fill in all the required fields, and then click **Create Account**.
4. You will receive an e-mail to let you know your account has been created.
5. Click **Account Login**. Enter your User Name and Password.
6. Click **Login**. The *Home Page* displays.
7. Click **Profile** in the [Online Training and Accounts](#) section. The *View My Profile* screen displays.
8. Click **Edit My Profile**. Fill in all required fields.

NOTE: *If you are not attached to a Network, you don't need to fill in the **Network** field.*

9. Click **Save Profile**. Your account has been created and you can now access online training.

How to Access CROWNWeb Online Tutorials

1. Go to: <http://www.projectcrownweb.org>.
2. Click the **Account Login** link. The *Account Login* screen displays.
3. Enter your User Name and Password. Click **Login**.
4. Click the **Training** tab.
5. Click **CROWNWeb Courses** on the left-hand side of the screen.
6. Click **Attend This Course**. Your tutorial will display.

Additional Resources

CROWNWeb Online Help: www.projectcrownweb.org > Training > CROWNWeb Online Help

Contains instructions on all facets of the CROWNWeb system.

Other Training Materials: www.projectcrownweb.org > Training

Contains various resources for CROWNWeb users that highlight the steps and procedures required to use CROWNWeb covered during in-person and/or WebEx training sessions.

- QIMS Training Videos
- CROWNWeb Training Videos
- WebEx Training Sessions

CROWNWeb Quick Start Guides: www.projectcrownweb.org > Training

Contains guides (separated by user role) that provide short and simple instructions on tasks users can perform in CROWNWeb.

Completing Online Courses - Certificates

This document covered only the most critical tasks that you will need to know in order to use CROWNWeb. Now it's up to you to complete the rest.

How to Finish the Courses and Obtain Your Certificate

On projectcrownweb.org, you will see a number of courses that cover other tasks in CROWNWeb (see *Appendix E – Online Tutorials*).

Complete these courses. Afterwards, you can take a test which covers all of CROWNWeb to receive your certificate.

If you have any difficulty locating or taking the online courses, please send an e-mail to [**CRAFT@projectcrownweb.org**](mailto:CRAFT@projectcrownweb.org).

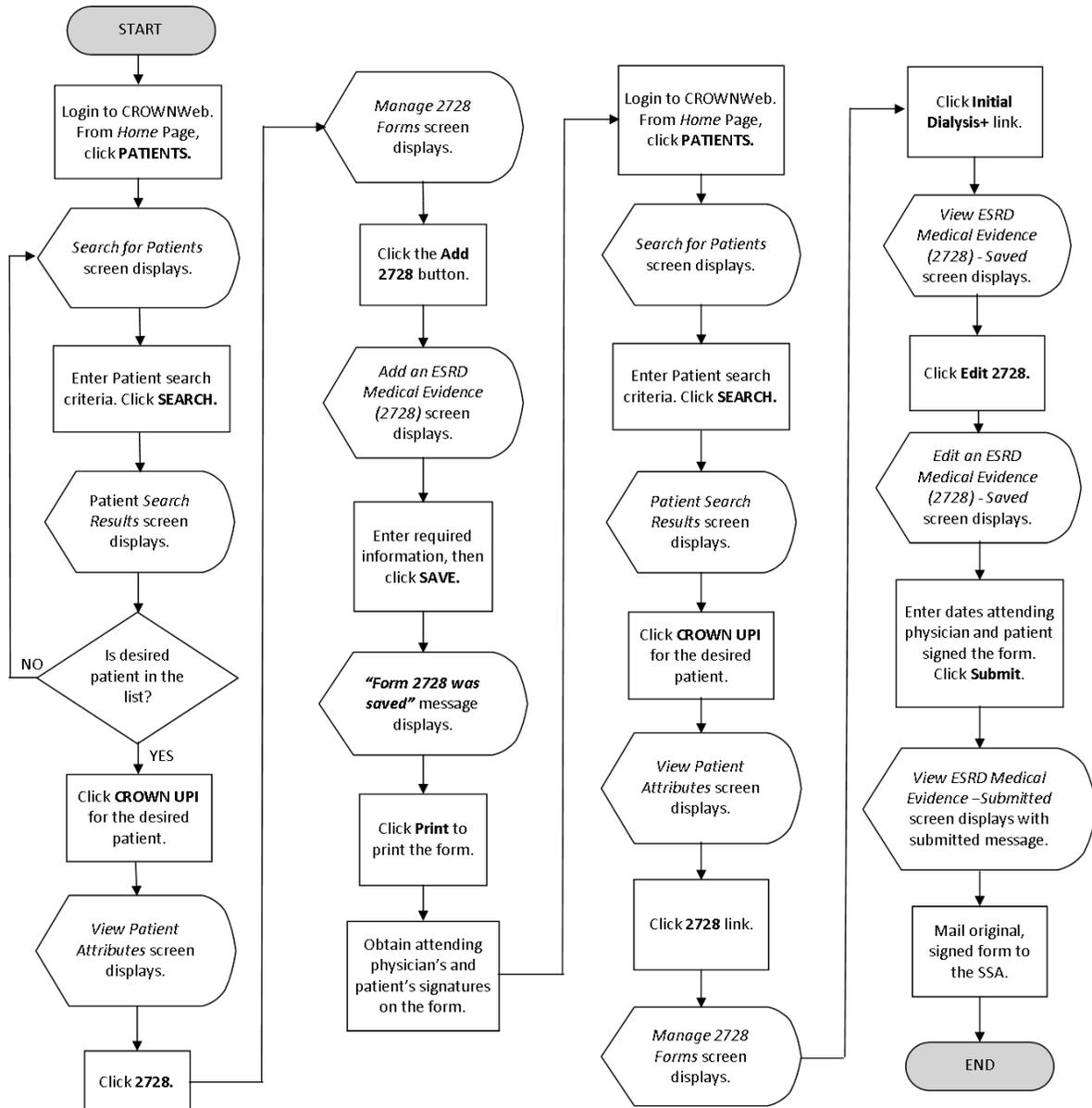
Thanks and good luck!

To View and Print Your *Certificate of Completion*

1. At the *Project CROWNWeb Home Page*, click the **Training** tab.
2. Click **CROWNWeb Certificates**.
3. Click **View**. Your certificate displays on the screen.
4. To print your certificate, click **View as PDF**. The certificate displays in PDF format.
5. Click the **Printer icon** or press **Ctrl + P** to print the certificate.
6. Select the desired printer from the Print dialog box, and then click **OK**.

Appendices

Appendix A – Completing a CMS-2728 Workflow



Appendix B – CMS-2728 Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0046

END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

A. COMPLETE FOR ALL ESRD PATIENTS Check one: Initial Re-entitlement Supplemental

1. Name (Last, First, Middle Initial) _____

2. Medicare Claim Number _____ 3. Social Security Number _____ 4. Date of Birth (mm/dd/yyyy) _____

5. Patient Mailing Address (Include City, State and Zip) _____ 6. Phone Number (including area code) _____

7. Sex Male Female 8. Ethnicity Not Hispanic or Latino Hispanic or Latino (Complete Item 9) 9. Country/Area of Origin or Ancestry _____

10. Race (Check all that apply)
 White Asian
 Black or African American Native Hawaiian or Other Pacific Islander*
 American Indian/Alaska Native *complete Item 9

11. Is patient applying for ESRD Medicare coverage? Yes No

Print Name of Enrolled/Principal Tribe _____

12. Current Medical Coverage (Check all that apply)
 Medicaid Medicare Employer Group Health Insurance
 DVA Medicare Advantage Other None

13. Height INCHES ____ OR CENTIMETERS ____ 14. Dry Weight POUNDS ____ OR KILOGRAMS ____ 15. Primary Cause of Renal Failure (Use code from back of form)

16. Employment Status (6 mos prior and current status)
 Prior Current
 Unemployed
 Employed Full Time
 Employed Part Time
 Homemaker
 Retired due to Age/Preference
 Retired (Disability)
 Medical Leave of Absence
 Student

17. Co-Morbid Conditions (Check all that apply currently and/or during last 10 years) *See instructions
 a. Congestive heart failure n. Malignant neoplasm, Cancer
 b. Atherosclerotic heart disease ASHD o. Toxic nephropathy
 c. Other cardiac disease p. Alcohol dependence
 d. Cerebrovascular disease, CVA, TIA* q. Drug dependence*
 e. Peripheral vascular disease* r. Inability to ambulate
 f. History of hypertension s. Inability to transfer
 g. Amputation t. Needs assistance with daily activities
 h. Diabetes, currently on insulin u. Institutionalized
 i. Diabetes, on oral medications 1. Assisted Living
 j. Diabetes, without medications 2. Nursing Home
 k. Diabetic retinopathy 3. Other Institution
 l. Chronic obstructive pulmonary disease v. Non-renal congenital abnormality
 m. Tobacco use (current smoker) w. None

18. Prior to ESRD therapy:
 a. Did patient receive exogenous erythropoetin or equivalent? Yes No Unknown If Yes, answer: 6-12 months >12 months
 b. Was patient under care of a nephrologist? Yes No Unknown If Yes, answer: 6-12 months >12 months
 c. Was patient under care of kidney dietitian? Yes No Unknown If Yes, answer: 6-12 months >12 months
 d. What access was used on first outpatient dialysis: AVF Graft Catheter Other
 If not AVF, then: Is maturing AVF present? Yes No
 Is maturing graft present? Yes No

19. Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode. (Lipid Profile within 1 Year of Most Recent ESRD Episode).

| LABORATORY TEST | VALUE | DATE | LABORATORY TEST | VALUE | DATE |
|-----------------------------------|-------------|------|---------------------|---------------|------|
| a.1. Serum Albumin (g/dl) | ____ . ____ | | d. HbA1c | ____ . ____ % | |
| a.2. Serum Albumin Lower Limit | ____ . ____ | | e. Lipid Profile TC | ____ . ____ | |
| a.3. Lab Method Used (BCG or BCP) | | | LDL | ____ . ____ | |
| b. Serum Creatinine (mg/dl) | ____ . ____ | | HDL | ____ . ____ | |
| c. Hemoglobin (g/dl) | ____ . ____ | | TG | ____ . ____ | |

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT

20. Name of Dialysis Facility _____ 21. Medicare Provider Number (for item 20) _____

22. Primary Dialysis Setting Home Dialysis Facility/Center SNF/Long Term Care Facility 23. Primary Type of Dialysis
 Hemodialysis (Sessions per week ____/hours per session ____)
 CAPD CCPD Other

24. Date Regular Chronic Dialysis Began (mm/dd/yyyy) _____ 25. Date Patient Started Chronic Dialysis at Current Facility (mm/dd/yyyy) _____

26. Has patient been informed of kidney transplant options? Yes No 27. If patient NOT informed of transplant options, please check all that apply:
 Medically unfit Patient declines information Unsuitable due to age
 Patient has not been assessed Psychologically unfit Other

FORM CMS-2728-U3 (03/06) 1

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS

| | | |
|--|---|--|
| 28. Date of Transplant (mm/dd/yyyy) | 29. Name of Transplant Hospital | 30. Medicare Provider Number for Item 29 |
| Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation. | | |
| 31. Enter Date (mm/dd/yyyy) | 32. Name of Preparation Hospital | 33. Medicare Provider number for Item 32 |
| 34. Current Status of Transplant (if functioning, skip items 36 and 37) <input type="checkbox"/> Functioning <input type="checkbox"/> Non-Functioning | 35. Type of Donor: <input type="checkbox"/> Deceased <input type="checkbox"/> Living Related <input type="checkbox"/> Living Unrelated | |
| 36. If Non-Functioning, Date of Return to Regular Dialysis (mm/dd/yyyy) | 37. Current Dialysis Treatment Site <input type="checkbox"/> Home <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> SNF/Long Term Care Facility | |

D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)

| | | |
|---|--|----------------------------------|
| 38. Name of Training Provider | 39. Medicare Provider Number of Training Provider (for Item 38) | |
| 40. Date Training Began (mm/dd/yyyy) | 41. Type of Training <input type="checkbox"/> Hemodialysis a. <input type="checkbox"/> Home b. <input type="checkbox"/> In Center <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD <input type="checkbox"/> Other | |
| 42. This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis. <input type="checkbox"/> Yes <input type="checkbox"/> No | 43. Date When Patient Completed, or is Expected to Complete, Training (mm/dd/yyyy) | |
| <i>I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.</i> | | |
| 44. Printed Name and Signature of Physician personally familiar with the patient's training | | 45. UPIN of Physician in Item 44 |
| a.) Printed Name | b.) Signature | |
| | c.) Date (mm/dd/yyyy) | |

E. PHYSICIAN IDENTIFICATION

| | | |
|---------------------------------|---|----------------------------------|
| 46. Attending Physician (Print) | 47. Physician's Phone No. (include Area Code) | 48. UPIN of Physician in Item 46 |
|---------------------------------|---|----------------------------------|

PHYSICIAN ATTESTATION

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

| | |
|--|-----------------------|
| 49. Attending Physician's Signature of Attestation (Same as Item 46) | 50. Date (mm/dd/yyyy) |
| 51. Physician Recertification Signature | 52. Date (mm/dd/yyyy) |
| 53. Remarks | |

F. OBTAIN SIGNATURE FROM PATIENT

I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.

| | |
|---|-----------------------|
| 54. Signature of Patient (Signature by mark must be witnessed.) | 55. Date (mm/dd/yyyy) |
|---|-----------------------|

G. PRIVACY STATEMENT

The collection of this information is authorized by Section 226A of the Social Security Act. The information provided will be used to determine if an individual is entitled to Medicare under the End Stage Renal Disease provisions of the law. The information will be maintained in system No. 09-70-0520, "End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS)", published in the Federal Register, Vol. 67, No. 116, June 17, 2002, pages 41244-41250 or as updated and republished. Collection of your Social Security number is authorized by Executive Order 9397. Furnishing the information on this form is voluntary, but failure to do so may result in denial of Medicare benefits. Information from the ESRD PMMIS may be given to a congressional office in response to an inquiry from the congressional office made at the request of the individual; an individual or organization for research, demonstration, evaluation, or epidemiologic project related to the prevention of disease or disability, or the restoration or maintenance of health. Additional disclosures may be found in the *Federal Register* notice cited above. You should be aware that P.L.100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches.

Appendix C – CMS-2746 Form

| | | | |
|---|---|--|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES | | Form Approved OMB No. 0938-0048 | |
| ESRD DEATH NOTIFICATION END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM | | | |
| 1. Patient's Last Name | First | MI | 2. Medicare Claim Number |
| 3. Patient's Sex a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female | 4. Date of Birth ____/____/____ Month Day Year | | 5. Social Security Number |
| 6. Patient's State of Residence | 7. Place of Death a. <input type="checkbox"/> Hospital c. <input type="checkbox"/> Home e. <input type="checkbox"/> Other b. <input type="checkbox"/> Dialysis Unit d. <input type="checkbox"/> Nursing Home | | 8. Date of Death ____/____/____ Month Day Year |
| 9. Modality at Time of Death a. <input type="checkbox"/> Incenter Hemodialysis b. <input type="checkbox"/> Home Hemodialysis c. <input type="checkbox"/> CAPD d. <input type="checkbox"/> CCPD e. <input type="checkbox"/> Transplant f. <input type="checkbox"/> Other | | | |
| 10. Provider Name and Address (Street) | | | 11. Provider Number |
| Provider Address (City/State) | | | |
| 12. Causes of Death (enter codes from list on back of form) | | | |
| a. Primary Cause: ____ _ | | | |
| b. Were there secondary causes? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: ____ _ | | | |
| c. If cause is other (98) please specify: _____ | | | |
| 13. Renal replacement therapy discontinued prior to death: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one of the following: a. <input type="checkbox"/> Following HD and/or PD access failure b. <input type="checkbox"/> Following transplant failure c. <input type="checkbox"/> Following chronic failure to thrive d. <input type="checkbox"/> Following acute medical complication e. <input type="checkbox"/> Other f. Date of last dialysis treatment ____/____/____ Month Day Year | | | 14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable |
| 15. If deceased ever received a transplant: a. Date of most recent transplant ____/____/____ <input type="checkbox"/> Unknown Month Day Year b. Type of transplant received <input type="checkbox"/> Living Related <input type="checkbox"/> Living Unrelated <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown c. Was graft functioning (patient not on dialysis) at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown d. Did transplant patient resume chronic maintenance dialysis prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | 16. Was patient receiving Hospice care prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 17. Name of Physician (Please print complete name) | | 18. Signature of Person Completing this Form | Date |
| This report is required by law (42, U.S.C. 426; 20 CFR 405, Section 2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 U.S.C. 5520; 45 CFR Part 5a). | | | |
| Form CMS-2746-U2 (08/06) | | | 1 |

Appendix D – Which 2728 Should I Use?

| SITUATION | FORM |
|---|----------------------------|
| Patient is new to ESRD. | Initial 2728 |
| Patient has transitioned from in-center hemodialysis to home care within the first three months of starting dialysis. | Supplemental 2728 |
| Patient has had a transplant within the first three months of starting dialysis. | Supplemental 2728 |
| Patient that was previously on dialysis has been off dialysis for more than 12 months, but now needs to begin dialysis again. | Re-entitlement 2728 |
| Patient that was previously on dialysis, had a transplant and has been off dialysis for more than 36 months, but now needs to begin dialysis again. | Re-entitlement 2728 |

Appendix E – Online Tutorials

The following tutorials are available online at: www.projectcrownweb.org

Introductory Tutorials

- Before You Begin
- Edit Facility Information
- View and Edit Facility Default Preferences

Self-Paced Tutorials

Patient Life Cycle

- Admitting a New or Transient Patient
- Completing the CMS-2728 Form
- View and Print CMS-2728 Forms
- Delete a Patient
- Discharge a Patient
- Manage Patient Clinical Values
- Viewing, Editing, and Deleting Admit/Discharge Information
- View and Edit Patient Attributes
- Working with Admit/Discharge Information
- Working with Patient Treatment Information
- Completing the CMS-2746 Form
- Working with Saved and Submitted 2746 Forms

Personnel

- Add, Edit, and Delete Facility Personnel

Facility

- Managing User Role and Scope
- Notifications and Accretions: Facility Role
- Completing the CMS-2744 Form
- CMS-2744 Reports
- Facility Reports
- View and Verify PART Data

Appendix F – Getting Further Assistance

If you need more information or assistance using CROWNWeb, contact the following organizations:

| CROWNWeb Technical Questions (QIMS accounts, Password Issues) | Training Questions (How do I...?) |
|--|---|
| QualityNet Help Desk 1-866-288-8912 | <u>CRAFT@projectcrownweb.org</u> |

Glossary

Common terms and definitions you will encounter when using CROWNWeb.

Asterisk (*)

Indicates a field that is required in CROWNWeb.

Breadcrumbs

List of links at the top and/or bottom of each page that tracks your activity and allows you to step backwards screen-by-screen.

Browser

Internet Explorer. The program used to access CROWNWeb.

CCN

CMS Certification Number. A unique number assigned by CMS to dialysis facilities that pass a CMS survey.

Click

Pressing the left or right mouse button. Click on an item to select it.

DBA Name

Doing Business As name. The name under which your facility does business; can differ from the Legal Name of the facility.

Delete

To completely remove. Deleting a record removes it completely from CROWNWeb and the record is not retrievable.

Drop-Down

A type of selector in a field that presents a list of options. Clicking on a drop-down selector makes the list appear.

Exact Match

When admitting a new patient, where six key patient identifiers (Social Security Number, Medicare Claim Number, First Name, Last Name, Date of Birth, and Gender) match the six identifiers for an existing patient.

Facility Editor (role)

A user who can add or change data in CROWNWeb.

Facility Viewer (role)

A user who can only view data in CROWNWeb.

Facility Administrator (role)

A user who controls the roles of other users within their scope in CROWNWeb.

Near Match

When admitting a new patient, where some (but not all) patient identifiers (Social Security Number, Medicare Claim Number, First Name, Last Name, Date of Birth, and Gender) match an existing patient.

Required Field

A field that must be completed before you can submit data in CROWNWeb.

Reset

When you **Reset** a form, you discard any changes and entries in the form and return to the last saved/submitted state of the form.

Role

Defines what a user can do in CROWNWeb (e.g., a user with a Facility Editor role can view, add, and edit data in CROWNWeb).

Save

When you **Save** a form, you store all values that you have entered so far. Saving a form does not submit the form to CROWNWeb. It merely stores the data in the current state so that you can complete it later.

Scope

Defines where a user can perform their assigned role. If you are a Facility Editor with scope over two facilities, you can only view/add/edit data at the two facilities that are in your scope.

Submit

Clicking the **Submit** button sends the data you entered on the screen to CROWNWeb.

Text Box

A field that allows you to enter free text. Some text box fields may require data to be formatted in a certain way (i.e., nine characters only, or field starts with a letter) in order to be accepted.

URL

Universal Resource Locator. A web address (e.g., <http://www.projectcrownweb.org>).

Wild Card

A symbol (%) that allows you to search for data when you don't know the entire data string. For example, to search for the first names of "John" and "Jonathan," you can search by entering "Jo%."

Admit Patient Worksheet

Use the worksheet below to help you enter patient information required to admit a patient to your facility.

| IF THIS REQUIRED FIELD IS POPULATED... | ... THEN THIS FIELD BECOMES ACTIVE | INFORMATION TO ENTER INTO CROWNWEB / (OR CHECK MENU SELECTION) |
|---|------------------------------------|--|
| PATIENT INFORMATION | | |
| Social Security Number | | |
| Medicare Claim Number | | |
| First Name | | |
| Last Name | | |
| Date of Birth | | |
| Gender | | |
| Admit Date <i>(date first dialyzed at this facility)</i> | | |
| Admit Reason | | <input type="checkbox"/> New ESRD Patient <input type="checkbox"/> Transfer In <input type="checkbox"/> Restart <input type="checkbox"/> Dialysis After Transplant Failed <input type="checkbox"/> Dialysis in Support of Transplant |
| Facility DBA Name | | |
| Transient Status | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADD TREATMENT INFORMATION | | |
| Primary Dialysis Setting | | <input type="checkbox"/> Home <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> SNF/Long Term Care Facility |
| Dialysis Time Period <i>(required for CMS-2744)</i> | | <input type="checkbox"/> Nocturnal <input type="checkbox"/> Daytime |
| Primary Type of Treatment | | <input type="checkbox"/> Hemodialysis <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD <input type="checkbox"/> Other |
| | If Hemo, Sessions Per Week | |
| | If Hemo, Time Per Session | <i>(in minutes)</i> |
| Attending Practitioner | | |

| IF THIS REQUIRED FIELD IS POPULATED... | ... THEN THIS FIELD BECOMES ACTIVE | INFORMATION TO ENTER INTO CROWNWEB / (OR CHECK MENU SELECTION) |
|--|--|--|
| KEY PATIENT INFO | | |
| Ethnicity | | <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino |
| Patient’s Self Reporting of Race and Ethnicity <i>(required for “New to ESRD” patients)</i> | | <input type="checkbox"/> Self-Reported by Patient <input type="checkbox"/> Reported by Family Member <input type="checkbox"/> Patient Chooses Not to Report <input type="checkbox"/> Not Self Reported |
| Race (check all that apply) | | <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native |
| | Name of Enrolled/Principal Tribe <i>(Required if “Race” = “American Indian or Alaska Native”)</i> | |
| Country / Area of Origin <i>(Required if patient is “Hispanic or Latino” and/or “Native Hawaiian or Pacific Islander”)</i> | | |
| PATIENT CONTACT INFO | | |
| Mailing Address <i>(required for CMS-2728)</i> | Street Address | |
| | Zip Code | |
| | City | |
| | State | |
| Physical Address (Same as Mailing Address) | | <input checked="" type="checkbox"/> Check Don’t Check |
| Physical Address (Same as Mailing Address) <i>(if <u>not</u> checked)</i> | Street Address | |
| | Zip Code | |
| | City | |
| | State | |

| IF THIS REQUIRED FIELD IS POPULATED... | ... THEN THIS FIELD BECOMES ACTIVE | INFORMATION TO ENTER INTO CROWNWEB / (OR CHECK MENU SELECTION) |
|--|------------------------------------|---|
| MISC INFO | | |
| Citizenship <i>(required for CMS-2744 if Non US Citizen)</i> | | <input type="checkbox"/> US Citizen <input type="checkbox"/> Non US Citizen <input type="checkbox"/> Foreign national US Resident <input type="checkbox"/> US Resident |
| Current Employment Status <i>(required for CMS-2728, CMS-2744 or if patient is age 18-54 as of 12/31)</i> | | <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired due to Age/Preference <input type="checkbox"/> Retired (Disability) <input type="checkbox"/> Medical Leave of Absence <input type="checkbox"/> Student |
| Current School Status <i>(Required for CMS-2744 if patient is age 18-54 as of 12/31)</i> | | <input type="checkbox"/> School Full Time <input type="checkbox"/> School Part Time <input type="checkbox"/> Not in School |
| Current Vocational Rehabilitation Status <i>(required for CMS-2728 and CMS-2744 if patient is age 18-54 as of 12/31)</i> | | <input type="checkbox"/> Referred to VR <input type="checkbox"/> Currently in VR <input type="checkbox"/> Completed VR <input type="checkbox"/> Not eligible for VR <input type="checkbox"/> Declines VR |

Initial 2728 Worksheet

Use the worksheet below to help you enter patient information required to enter an initial 2728 in CROWNWeb.

| IF THIS REQUIRED FIELD IS POPULATED... | ... THEN THIS FIELD BECOMES ACTIVE | INFORMATION TO ENTER INTO CROWNWEB (OR CHECK MENU SELECTION) |
|--|------------------------------------|--|
| Is patient applying for ESRD Medicare coverage? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Medical Coverage | | <input type="checkbox"/> Medicaid <input type="checkbox"/> DVA <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Employer Group Health <input type="checkbox"/> Insurance <input type="checkbox"/> Other <input type="checkbox"/> None |
| Height | | |
| Unit of measure | | |
| Weight | | |
| Unit of measure | | |
| Primary cause of renal failure | | |
| Employment Status (Six months prior and current status) | | <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired due to Age/Preference <input type="checkbox"/> Retired (Disability) <input type="checkbox"/> Medical Leave of Absence <input type="checkbox"/> Student |
| Co-morbid conditions (check all that apply or “None”) <i>(continued)</i> | | <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Atherosclerotic heart disease <input type="checkbox"/> Other cardiac disease <input type="checkbox"/> Cerebrovascular disease, CVA, TIA <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> History of hypertension <input type="checkbox"/> Amputation |

| IF THIS REQUIRED FIELD IS POPULATED... | ... THEN THIS FIELD BECOMES ACTIVE | INFORMATION TO ENTER INTO CROWNWEB (OR CHECK MENU SELECTION) |
|---|------------------------------------|---|
| Co-morbid conditions (cont.) | | <input type="checkbox"/> Diabetes, currently on insulin <input type="checkbox"/> Diabetes, on oral medications <input type="checkbox"/> Diabetes, without medications <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Chronis obstructive pulmonary disease <input type="checkbox"/> Tobacco use (current smoker) <input type="checkbox"/> Malignant neoplasm, Cancer <input type="checkbox"/> Toxic Nephropathy <input type="checkbox"/> Alcohol dependence <input type="checkbox"/> Drug dependence <input type="checkbox"/> Inability to ambulate <input type="checkbox"/> Inability to transfer <input type="checkbox"/> Needs assistance with daily activities <input type="checkbox"/> Institutionalized <input type="checkbox"/> Institutionalized – Assisted Living <input type="checkbox"/> Institutionalized – Nursing Home <input type="checkbox"/> Institutionalized – Other Institution <input type="checkbox"/> Non-renal congenital abnormality <input type="checkbox"/> None |
| Did patient receive EPO prior to dialysis? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | If yes, how long? | <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months |
| Was patient under the care of a nephrologist? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | If yes, how long? | <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months |

| IF THIS REQUIRED FIELD IS POPULATED... | ... THEN THIS FIELD BECOMES ACTIVE | INFORMATION TO ENTER INTO CROWNWEB (OR CHECK MENU SELECTION) |
|--|---|---|
| Was patient under care of a kidney dietician? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | If yes, how long? | <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months |
| What access was used on first outpatient dialysis? | | <input type="checkbox"/> AVF <input type="checkbox"/> Graft <input type="checkbox"/> Catheter <input type="checkbox"/> Other |
| | If not AVF, is maturing AVF present? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is maturing graft present? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Serum Creatinine (NN.N) | | |
| | Date (Must be within 45 days prior to date regular dialysis began) | |
| Date regular chronic dialysis began (If patient dialyzed at a hospital prior to your facility, enter that date here.) | | |
| Has patient been informed of kidney transplant options? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If no, why not? | <input type="checkbox"/> Medically unfit <input type="checkbox"/> Unsuitable due to age <input type="checkbox"/> Psychologically unfit <input type="checkbox"/> Patient declines information <input type="checkbox"/> Patient has not been assessed <input type="checkbox"/> Other |
| Date attending physician signed | | |
| Date patient signed | | |

Hemodialysis Worksheet

Use the worksheet below to select/write down patient HD clinical information. These are the minimally required fields to enter clinical information. **Some field selections may make other fields active, and are represented by the arrow going from one selection to the enabled field.**

| MEDICATION ALLERGIES | |
|---|--|
| <p>Medication Allergies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Epoetin Alfa <input type="checkbox"/> Epoetin Beta <input type="checkbox"/> Darbepoetin Alfa <input type="checkbox"/> Iron Dextran <input type="checkbox"/> Sodium Ferric Gluconate <input type="checkbox"/> Iron Sucrose (Venofer) <input type="checkbox"/> Ferrous Fumarate (Feostat, FemIron) <input type="checkbox"/> Ferrous Sulfate (Feosol, FerIron) <input type="checkbox"/> Calcijex (Calcitriol, Ergocalciferol, Cholecalciferol) <input type="checkbox"/> Zemplar (Paricalcitol) <input type="checkbox"/> Hectorol (Doxercalciferol) <input type="checkbox"/> No known allergies <input type="checkbox"/> Other | <p>Other Medication Allergies</p> <hr/> <hr/> <hr/> |

| ADEQUACY | |
|---|--|
| <p>Interdialytic Time (dd/hh/mm or mm)</p> <hr/> | <p>Post Dialysis Weight</p> <hr/> |

ESA

ESA Prescribed
 Yes
 No

ESA Prescribed Date

ESA Agent Prescribed
 Epoetin Alfa
 Epoetin Beta
 Darbepoetin Alfa
 Other

ESA Monthly Dose

ESA Unit of Measure
 Units
 mcg
 Other

ESA Route
 IVP (Intravenous Push)
 SC (Subcutaneous)

Other ESA Agent Prescribed

Other ESA Monthly Dose Measure

IRON

IV Iron Prescribed
 IV Iron Prescribed
 IV Iron Not Prescribed

IV Iron Prescribed Date

IV Iron
 Iron Dextran (Dexferrum, Infed)
 Sodium Ferric Gluconate (Ferrelecit)
 Iron Sucrose (Venofer)
 Other

IV Iron Dose

IV Iron Unit of Measure
 g
 mg
 Other

Other IV Iron

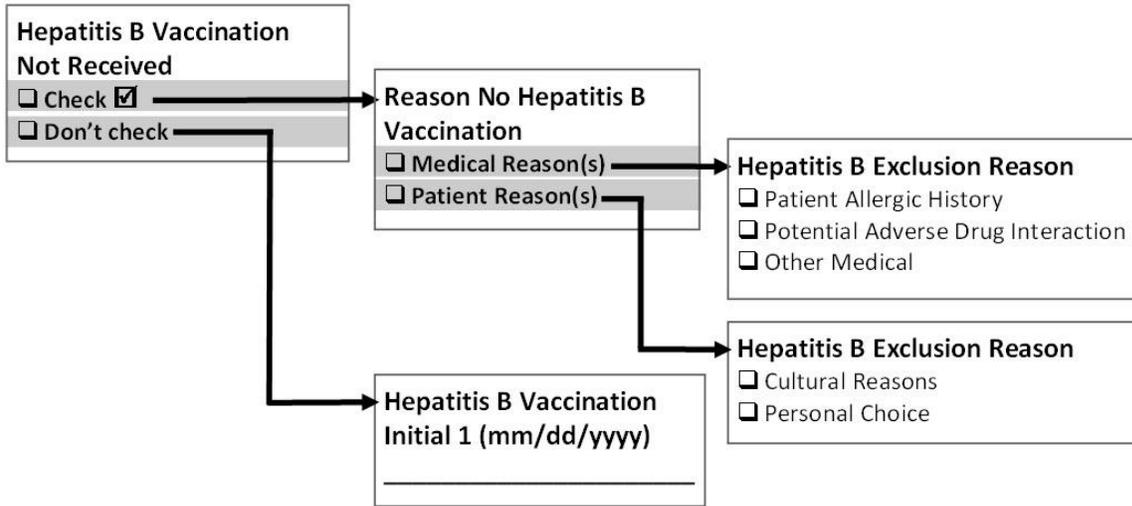
Other IV Iron Dose Measure
 IVP (Intravenous Push)
 SC (Subcutaneous)

| IRON (continued) | |
|---|--|
| <div style="border: 1px solid black; padding: 5px;"> <p>Oral (PO) Iron Prescribed</p> <p><input type="checkbox"/> Oral Iron Prescribed</p> <p><input type="checkbox"/> Oral Iron Not Prescribed</p> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Oral (PO) Iron</p> <p><input type="checkbox"/> Ferrous Fumarate (Feostat, Femiron)</p> <p><input type="checkbox"/> Ferrous Sulfate (Feosol, FerIron)</p> <p><input type="checkbox"/> Ferrous Gluconate (Ferate, Fergon, Ferralet, Simron)</p> <p><input type="checkbox"/> Other</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Oral (PO) Iron Dose</p> <p>_____</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Oral (PO) Iron Unit of Measure</p> <p><input type="checkbox"/> g</p> <p><input type="checkbox"/> mg</p> <p><input type="checkbox"/> Other</p> </div> |
| | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Other Oral (PO) Iron</p> <p>_____</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Other Oral (PO) Iron Dose Measure</p> <p>_____</p> </div> |

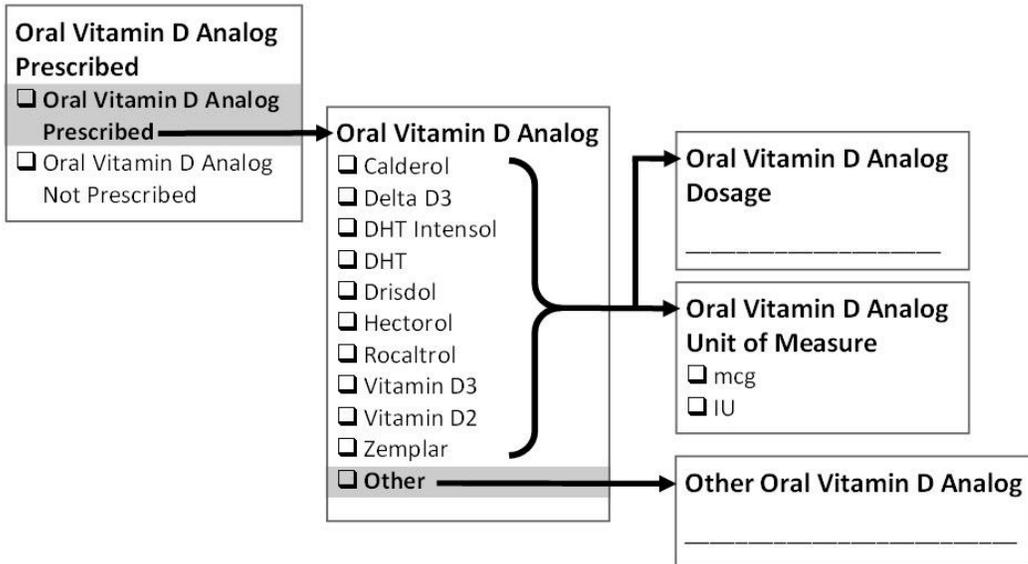
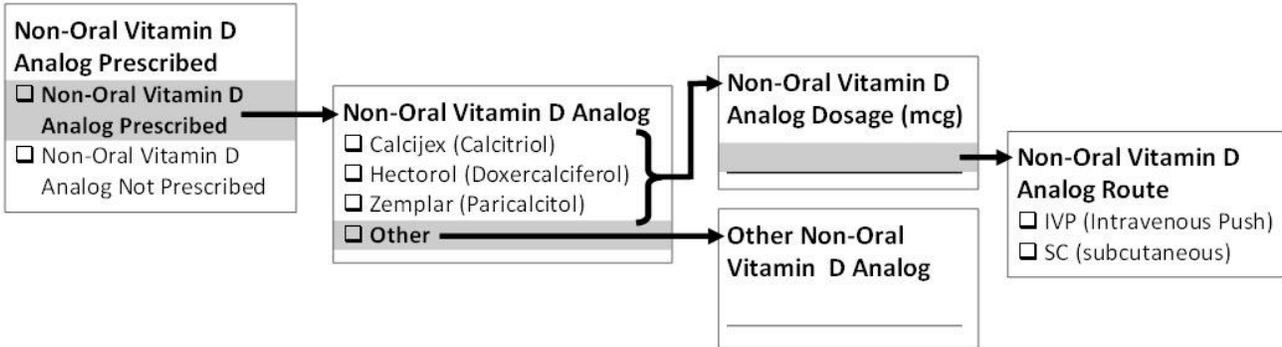
| FLUID WEIGHT MANAGEMENT | |
|--|--|
| <div style="border: 1px solid black; padding: 5px;"> <p>Education on Sodium Restriction Not Received</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Don't check</p> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Date Patient Education on Sodium Restriction</p> <p>_____</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Post Dialysis Target Weight for Session</p> <p><input type="checkbox"/> Prescribed Post-Dialysis Target Weight</p> <p><input type="checkbox"/> Not Prescribed Post-Dialysis Target Weight</p> </div> |

| VACCINATION | |
|--|---|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Influenza Vaccination Not Received <input type="checkbox"/> Check <input checked="" type="checkbox"/> <input type="checkbox"/> Don't check </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Reason No Influenza Vaccination <input type="checkbox"/> Medical Reason(s) <input type="checkbox"/> Patient Reason(s) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Influenza Vaccination Date (mm/yyyy) _____ </div> <div style="border: 1px solid black; padding: 5px;"> Site Received Influenza Vaccination <input type="checkbox"/> Received in Facility <input type="checkbox"/> Received Outside Facility </div> |
| | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Influenza Exclusion Reason <input type="checkbox"/> Patient Allergic History <input type="checkbox"/> Potential Adverse Drug Interaction <input type="checkbox"/> Other Medical </div> <div style="border: 1px solid black; padding: 5px;"> Influenza Exclusion Reason <input type="checkbox"/> Cultural Reasons <input type="checkbox"/> Personal Choice </div> |
| | |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Pneumococcal Vaccination Not Received <input type="checkbox"/> Check <input checked="" type="checkbox"/> <input type="checkbox"/> Don't check </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Reason No Pneumococcal Vaccination <input type="checkbox"/> Medical Reason(s) <input type="checkbox"/> Patient Reason(s) </div> <div style="border: 1px solid black; padding: 5px;"> Pneumococcal Vaccination Year (yyyy) _____ </div> |
| | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Pneumococcal Exclusion Reason <input type="checkbox"/> Patient Allergic History <input type="checkbox"/> Potential Adverse Drug Interaction <input type="checkbox"/> Other Medical </div> <div style="border: 1px solid black; padding: 5px;"> Pneumococcal Exclusion Reason <input type="checkbox"/> Cultural Reasons <input type="checkbox"/> Personal Choice </div> |

VACCINATION (continued)



VITAMIN D ANALOG



Peritoneal Dialysis Worksheet

Use the worksheet below to select/write down patient PD clinical information. These are the minimally required fields to enter clinical information. **Some field selections may make other fields active, and are represented by the arrow going from one selection to the enabled field.**

| MEDICATION ALLERGIES | |
|---|--|
| <p>Medication Allergies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Epoetin Alfa <input type="checkbox"/> Epoetin Beta <input type="checkbox"/> Darbepoetin Alfa <input type="checkbox"/> Iron Dextran <input type="checkbox"/> Sodium Ferric Gluconate <input type="checkbox"/> Iron Sucrose (Venofer) <input type="checkbox"/> Ferrous Fumarate (Feostat, Femlron) <input type="checkbox"/> Ferrous Sulfate (Feosol, Ferlron) <input type="checkbox"/> Calcijex (Calcitriol, Ergocalciferol, Cholecalciferol) <input type="checkbox"/> Zemplar (Paricalcitol) <input type="checkbox"/> Hectorol (Doxercalciferol) <input type="checkbox"/> No known allergies <input type="checkbox"/> Other | <p>Other Medication Allergies</p> <hr/> <hr/> <hr/> |

| ADEQUACY | | |
|---|---|---|
| <p>Weekly Kt/V</p> <hr/> <p>Date</p> <hr/> | <p>V Method</p> <ul style="list-style-type: none"> <input type="checkbox"/> % Body Weight <input type="checkbox"/> Hume <input type="checkbox"/> Watson <input type="checkbox"/> Other | <p>RRF Assessed in Kt/V</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>BSA Method</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dubois & Dubois <input type="checkbox"/> Other | <p>Prescription Change after Adequacy Measurement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Height</p> <hr/> <p>Unit of Measure</p> <ul style="list-style-type: none"> <input type="checkbox"/> in <input type="checkbox"/> cm |

| ESA | |
|---|---|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ESA Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> ESA Prescribed Date _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> ESA Agent Prescribed _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Epoetin Alfa <input type="checkbox"/> Epoetin Beta <input type="checkbox"/> Darbepoetin Alfa <input type="checkbox"/> Other </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> Other ESA Agent Prescribed _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> ESA Monthly Dose _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> ESA Unit of Measure _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Units <input type="checkbox"/> mcg <input type="checkbox"/> Other </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> Other ESA Monthly Dose Measure _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> ESA Route _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> IVP (Intravenous Push) <input type="checkbox"/> SC (Subcutaneous) </div> </div> |

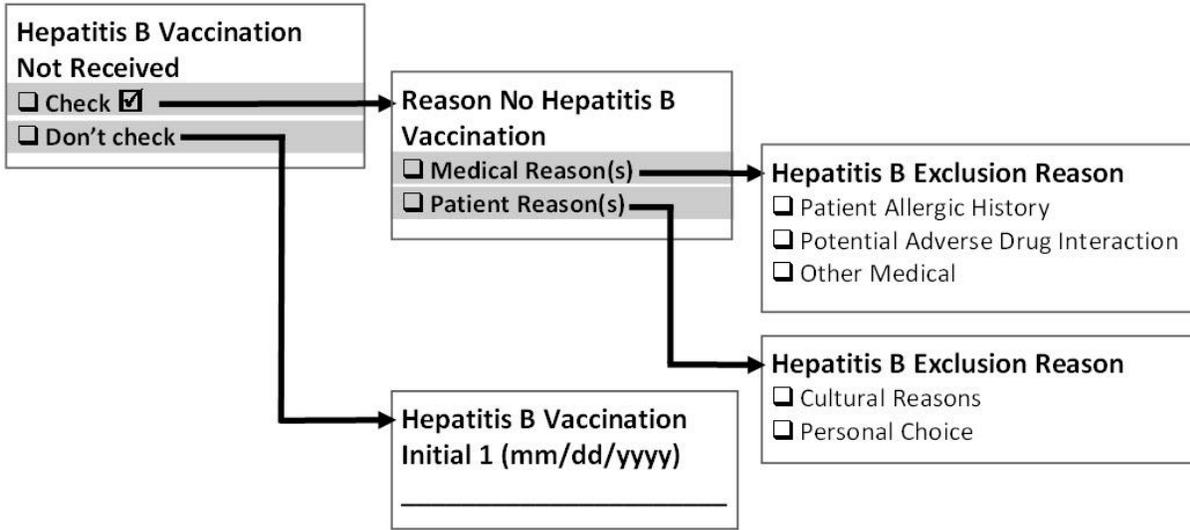
| IRON | |
|--|--|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> IV Iron Prescribed <input type="checkbox"/> IV Iron Prescribed <input type="checkbox"/> IV Iron Not Prescribed </div> | <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> IV Iron Prescribed Date _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> IV Iron _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Iron Dextran (Dexferrum, Infed) <input type="checkbox"/> Sodium Ferric Gluconate (Ferrlecit) <input type="checkbox"/> Iron Sucrose (Venofer) <input type="checkbox"/> Other </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> Other IV Iron _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> IV Iron Dose _____ </div> </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> IV Iron Unit of Measure _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> Other </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> Other IV Iron Dose Measure _____ </div> <div style="margin-left: 20px; margin-top: 5px;"> <input type="checkbox"/> IVP (Intravenous Push) <input type="checkbox"/> SC (Subcutaneous) </div> </div> |

| IRON (continued) | |
|---|--|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Oral (PO) Iron Prescribed <input type="checkbox"/> Oral Iron Prescribed <input type="checkbox"/> Oral Iron Not Prescribed </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Oral (PO) Iron <input type="checkbox"/> Ferrous Fumarate (Feostat, Femiron) <input type="checkbox"/> Ferrous Sulfate (Feosol, FerIron) <input type="checkbox"/> Ferrous Gluconate (Ferlate, Fergon, Ferralet, Simron) <input type="checkbox"/> Other </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Oral (PO) Iron Dose _____ </div> <div style="border: 1px solid black; padding: 5px;"> Oral (PO) Iron Unit of Measure <input type="checkbox"/> g <input type="checkbox"/> mg <input type="checkbox"/> Other </div> |
| | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Other Oral (PO) Iron _____ </div> <div style="border: 1px solid black; padding: 5px;"> Other Oral (PO) Iron Dose Measure _____ </div> |

| FLUID WEIGHT MANAGEMENT | |
|---|--|
| <div style="border: 1px solid black; padding: 5px;"> Education on Sodium Restriction Not Received <input type="checkbox"/> Check <input checked="" type="checkbox"/> <input type="checkbox"/> Don't check </div> | <div style="border: 1px solid black; padding: 5px;"> Date Patient Education on Sodium Restriction _____ </div> |

| VACCINATION | | | |
|--|--|---|--|
| <p>Influenza Vaccination Not Received</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Don't check</p> | <p>Reason No Influenza Vaccination</p> <p><input type="checkbox"/> Medical Reason(s)</p> <p><input type="checkbox"/> Patient Reason(s)</p> | <p>Influenza Exclusion Reason</p> <p><input type="checkbox"/> Patient Allergic History</p> <p><input type="checkbox"/> Potential Adverse Drug Interaction</p> <p><input type="checkbox"/> Other Medical</p> | <p>Influenza Exclusion Reason</p> <p><input type="checkbox"/> Cultural Reasons</p> <p><input type="checkbox"/> Personal Choice</p> |
| | <p>Influenza Vaccination Date (mm/yyyy)</p> <p>_____</p> | | |
| | <p>Site Received Influenza Vaccination</p> <p><input type="checkbox"/> Received in Facility</p> <p><input type="checkbox"/> Received Outside Facility</p> | | |
| | | | |
| <p>Pneumococcal Vaccination Not Received</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Don't check</p> | <p>Reason No Pneumococcal Vaccination</p> <p><input type="checkbox"/> Medical Reason(s)</p> <p><input type="checkbox"/> Patient Reason(s)</p> | <p>Pneumococcal Exclusion Reason</p> <p><input type="checkbox"/> Patient Allergic History</p> <p><input type="checkbox"/> Potential Adverse Drug Interaction</p> <p><input type="checkbox"/> Other Medical</p> | <p>Pneumococcal Exclusion Reason</p> <p><input type="checkbox"/> Cultural Reasons</p> <p><input type="checkbox"/> Personal Choice</p> |
| | <p>Pneumococcal Vaccination Year (yyyy)</p> <p>_____</p> | | |

VACCINATION (continued)



VITAMIN D ANALOG

