Completing the CMS-2728 Form

Goal: Learn to complete a CMS-2728 Form for new ESRD patients in CROWNWeb.

Estimated Time: 25 to 35 minutes
Table of Contents

Goals ................................................................................................................................. 4
Before You Begin ............................................................................................................... 5
What Is a CMS-2728 Form? ............................................................................................ 6
When Is Each Form Type Required? .............................................................................. 7
Access a CMS-2728 Form ............................................................................................... 8
Warning Messages .......................................................................................................... 10
Section A – Part 1 ............................................................................................................ 11
Section A – Part 1 (continued) ....................................................................................... 12
Section A – Part 1 (continued) ....................................................................................... 13
Section A – Part 2 ............................................................................................................ 14
Section A – Part 2 (continued) ....................................................................................... 15
Section A – Part 3 ............................................................................................................ 16
Section A – Part 3 (continued) ....................................................................................... 17
Section A – Part 4 ............................................................................................................ 18
Section A – Part 4 (continued) ....................................................................................... 19
Section A – Part 4 (continued) ....................................................................................... 20
Section A – Part 4 (continued) ....................................................................................... 21
Section A – Part 4 (continued) ....................................................................................... 22
Section A – Part 4 (continued) ....................................................................................... 23
Out-of-Range Labs .......................................................................................................... 24
Section B .......................................................................................................................... 25
Section B (continued) ..................................................................................................... 26
Section B (continued) ..................................................................................................... 27
Section C .......................................................................................................................... 28
Section C (continued) ..................................................................................................... 29
Section D .......................................................................................................................... 30
Section E .......................................................................................................................... 31
Course Goals

By completing this course, you will be able to:

- **Complete** an initial CMS-2728 form for a new or existing patient.
- **Print** a copy of the CMS-2728 form for required signatures, and **submit** the original copy to your Social Security Administration’s office.
- **Understand** what the CMS-2728 Supplemental and Re-entitlement forms are and when they may be required.
Before You Begin...

Before you can complete this procedure, the following conditions must be met:

- You must admit the patient to your facility in CROWNWeb.
- You must complete the Patient Mailing Address, Zip Code, City, Ethnicity, Race, and Employment Status fields in addition to the required attributes entered on the Patient Attributes screen.

Let’s get started!
What Is a CMS-2728 Form?

The CMS-2728 form is required by CMS for patient entitlement to Medicare benefits based on End Stage Renal Disease (ESRD).

There are three types of CMS-2728 forms:

- Initial
- Supplemental
- Re-entitlement
When Is Each Form Type Required?

Initial
- Required for all new ESRD patients.

Supplemental
Required when an Initial CMS-2728 has been previously submitted and:
- A patient transitions to self-care dialysis within the first three months of initial dialysis; or
- A patient has a transplant within the first three months of initial dialysis.

Re-entitlement
Required when a patient resumes treatment after Medicare benefits have terminated.
- Patient restarts dialysis after one year or more of having recovered function or discontinued dialysis; or
- Patient restarts dialysis after three years or more following a transplant; or
- Patient has another transplant, three years or more following a transplant, with no dialysis in between.
Access a CMS-2728 Form

The following interactive tutorial will guide you through accessing the CMS-2728 Form in CROWNWeb. Click View Tutorial to begin.

1. Click Patients
From the CROWNWeb Home Page, click Patients. The Search for Patients screen displays.

2. Click Search
Enter search criteria to find the desired patient, and then click Search. The Search Results screen displays.

3. Click CROWN UPI
Click the CROWN UPI number for the desired patient. The View Patient Attributes screen displays.

4. Click 2728
Click 2728 in the gray sub-menu. The Manage 2728 Forms screen displays.

5. Add 2728
If a CMS-2728 Form is required for the patient, the Add 2728 button will display (it won’t always be there) in the Manage 2728 Forms section. Click the Add 2728 button. The Add an ESRD Medical Evidence (2728) screen displays.

6. Warning Messages
If any information required on the CMS-2728 Form is not present on the Patient Attributes screen, warning message(s) will display:

- Return to the Patient Attributes screen and complete any required fields; or
- Click the To Ignore Warning... checkbox and continuing adding the 2728 form.
After you access the CMS-2728 Form, you’ll need to begin to add the required information for your patient.
Warning Messages

If you have not filled in some of the information on the patient attributes screen that will be required for the CMS-2728 Form, warning messages will display after clicking Add 2728.

You can click the checkbox to ignore the warnings, but this information will be required to submit the CMS-2728 Form.

It is recommended that you go back to the patient’s attributes (click on the Edit Patient Attributes bread crumb hyperlink), enter the required data then come back to complete the CMS-2728 Form in CROWNWeb.
Section A – Part 1

In Section A - Part 1 (Complete for All ESRD Patients), required values are:

- Form Type
- Patient Name
- Date of Birth
- Mailing Address
- Ethnicity
- Patient’s Sex
- Race
- Application for Medicare Coverage

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

INSTRUCTIONS
Click the red markers to view information for a single field; -or-
Click the forward and backward buttons to advance through the fields one-at-a-time.

A. COMPLETE FOR ALL ESRD PATIENTS (CROWN UPI)
The patient’s CROWN Unique Patient Identifier (UPI) link. Click the UPI to access the View Patient Details screen for this patient. This screen contains all of the information that CROWNWeb uses to pre-populate the CMS-2728 Form, when possible.

Check One
Required: YES
The type of CMS-2728 Form being completed. This option is pre-selected based on the admit reason that was specified when the patient was added to CROWNWeb.

(1) Patient’s Last Name, First, and Middle Initial
Required: YES
The Patient's Last Name, First Name and Middle Initial for whom the CMS-2728 Form is being completed.
Section A – Part 1 (continued)

(2) Medicare Claim Number
Required: No
The claim number assigned to the patient by Medicare. This field is pre-populated from the patient’s records, if available.

(3) Social Security Number
Required: No
The Social Security Number of the patient. This information is pre-populated from the patient’s record.

(4) Date of Birth
Required: Yes
Date the patient was born. This information is pre-populated from the patient’s record.

(5) Patient Mailing Address
Required: Yes
Mailing address of the patient. This information is pre-populated from the patient’s record.

Note: A patient’s mailing address may be different from his/her physical address. A mailing address is one where the patient receives his/her mail; whereas a physical address is where he/she resides.

(6) Phone Number
Required: No
Telephone number of the patient. This information is pre-populated from the patient’s record.

(7) Patient’s Sex
Required: Yes
Gender of the patient. This information is pre-populated from the patient’s record.

(8) Ethnicity
Required: Yes
Identifies the patient’s ethnic background. This information is pre-populated from the patient’s record.
Section A – Part 1 (continued)

(9) Country/Area of Origin or Ancestry
Required: No
Identifies the country or region/area of the patient or the patient’s ancestry. This information is pre-populated from the patient’s record.

(10) Race
Required: Yes
Racial background of the patient. This information is pre-populated from the patient’s record.

(11) Is patient applying for ESRD Medicare coverage?
Required: Yes
Select Yes or No from the drop-down list to indicate if the patient is applying for ESRD Medicare coverage.

NOTE: A patient should apply for ESRD Medicare coverage even if he/she has general Medicare coverage.
Section A – Part 2

In Section A – Part 2 (Complete for All ESRD Patients), required values are:

- Current Medical Coverage
- Height
- Dry Weight
- Primary Cause of Renal Failure

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

**Instructions**
Click the red markers to view information for a single field; -or- Click the forward and backward buttons to advance through the fields one-at-a-time.

(12) **Current Medical Coverage**
Required: Yes
Select one or more options in the checkboxes:

- Medicaid
- DVA
- Medicare
- Medicare Advantage
- Employer Group Health Insurance
- Other
- None

**Note:** If the Medicare Claim Number (Item 2) is populated, then Medicare must be selected from the list of options.

(13) **Height**
Required: Yes
Enter the patient’s height in the box and choose the unit of measurement (inches or centimeters) from the drop-down list.

**Note:** Round to the nearest unit of measurement (e.g., 72.3 inches is rounded to 72 and 72.6 inches is rounded to 73). For amputee patients, enter height before amputation.
Section A – Part 2 (continued)

(14) Dry Weight
Required: Yes
Enter the patient’s dry weight (i.e., post dialysis weight) in the box and choose the unit of measurement (pounds or kilograms) from the drop-down list.

**Note:** Round to the nearest unit of measurement (e.g., 200.4 pounds is rounded to 200 and 200.5 pounds is rounded to 201).

(15) Primary Cause of Renal Failure
Required: Yes
This field is pre-populated with the code and description from the patient’s record.
Section A – Part 3

In Section A - Part 3 (Complete for All ESRD Patients), required values are:

- Employment Status
- Co-Morbid Conditions

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

(16) Employment Status (6 mos prior and current status)

Prior:
Required: Yes
Choose an option from the drop-down list to indicate the patient’s employment status six months prior to renal failure.

- Unemployed
- Employed Full Time
- Employed Part Time
- Homemaker
- Retired due to Age/Preference
- Retired (Disability)
- Medical Leave of Absence
- Student

Current status is pre-populated from the patient's attributes. If this is not populated, you must go back to the patient's attributes and select an option.

Note: If patient is less than six years old, leave the field blank.
(17) Co-Morbid Conditions
Required: Yes
Check all the co-morbid conditions that apply. If there are no co-morbid conditions, check None:

- Congestive heart failure
- Atherosclerotic heart disease ASHD
- Other cardiac disease
- Cerebrovascular disease, CVA, TIA
- Peripheral vascular disease
- History of hypertension
- Amputation
- Diabetes, currently on insulin
- Diabetes, without medications
- Diabetic retinopathy
- Chronic obstructive pulmonary disease
- Tobacco use (current smoker)
- Malignant neoplasm, Cancer
- Toxic nephropathy
- Alcohol dependence
- Drug dependence
- Inability to ambulate
- Inability to transfer
- Needs assistance with daily activities
- Institutionalized – Assisted Living
- Institutionalized – Nursing Home
- Institutionalized – Other Institution
- Non-renal congenital abnormality
- None
Section A – Part 4

In Section A - Part 4 (Complete for All ESRD Patients), required values are:

- Prior to ESRD Therapy Information
- Serum Creatinine Measurement

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

Instructions
Click the red markers to view information for a single field; -or- Click the forward and backward buttons to advance through the fields one-at-a-time.

(18) Prior to ESRD therapy:

(18) a. Did patient receive exogenous erythropoietin or equivalent?
Required: Yes
Select one of the options (Yes, No or Unknown) from the drop-down list to indicate if prior to ESRD therapy the patient received exogenous erythropoietin or equivalent.

If Yes, indicate when the patient was administered the ESA (EPO or equivalent) prior to ESRD therapy:
- Less than six months
- Six to 12 months
- More than 12 months

(18) b. Was patient under care of nephrologist?
Required: Yes
Select one of the options (Yes, No or Unknown) from the drop-down list to indicate if prior to ESRD therapy the patient was under the care of a nephrologist.

If Yes, indicate how long prior to ESRD therapy the patient was under the care of a nephrologist:
- Less than six months
- Six to 12 months
- More than 12 months
Section A – Part 4 (continued)

(18) c. Was patient under care of kidney dietitian?
Required: Yes
Select one of the options (Yes, No or Unknown) from the drop-down list to indicate if prior to ESRD therapy the patient was under the care of a kidney dietitian.

If Yes, indicate how long prior to ESRD therapy the patient was under the care of a dietitian:
- Less than six months
- Six to 12 months
- More than 12 months

(18) d. What access was used on first outpatient dialysis:
Required: Yes
Select one of the options from the drop-down list (AVF, Graft, Catheter or Other) to indicate which access listed was the first one used.

If not AVF, then:

Is maturing AVF present?
Required: Yes
Select an option (Yes or No) from the drop-down list to indicate whether a maturing AVF is present while an alternate access type is being used.

Note: This field is required if the Access Type is one of the following: AVF with Graft, AVG with Catheter, AV Graft only (2 needles), AVG with Catheter, Catheter, Port or Other.

Is maturing graft present?
Required: Yes
Select an option (Yes or No) from the drop-down list to indicate whether or not a maturing graft was present at the last treatment of the month.

Note: This field is required if the Access Type for Dialysis was Catheter or Other.
Section A – Part 4 (continued)

(19) a.1. Serum Albumin (g/dl)
Required: No
In the Value field, enter the patient’s serum albumin count (g/dl) in \textit{N.NN} format. This test must be completed within 45 days prior to the first dialysis treatment or within 45 days prior to receiving a kidney transplant.

In the Date field, enter the date the serum albumin count was taken for this patient in \textit{mm/dd/yyyy} format.

\textbf{Note:} For patients re-entering the Medicare program after benefits were terminated, Items 19a through 19c should contain initial laboratory values within 45 days prior to the most recent ESRD episode. Lipid profiles and HbA1c should be within one year of the most recent ESRD episode. Some tests may not be required for patients under 21 years of age.

(19) a.2. Serum Albumin Lower Limit
Required: No
In the Value field, enter the lower limit of the normal range (in \textit{N.NN} format) for serum albumin from the laboratory which performed the serum albumin test entered in 19a.1.

(19) a.3. Lab Method used (BDG/BCP)
Required: No
In the Value field, choose an option (\textbf{BCG} or \textbf{BCP}) from the drop-down list to indicate the serum albumin lab method used for values entered in 19a.1 and 19a.2.
Section A – Part 4 (continued)

(19) b. Serum Creatinine (mg/dl)
Required: Yes
In the Value field, enter the patient’s serum creatinine count (mg/dl) in NN.N format. This test must be completed within 45 days prior to the date the patient started chronic treatment in a dialysis facility or within 45 days prior to receiving a kidney transplant.

In the Date field, enter the date the serum albumin count was taken for this patient in mm/dd/yyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.

(19) c. Hemoglobin (g/dl)
Required: No
In the Value field, enter the patient’s hemoglobin count (g/dl) in NN.N format. This test must be completed within 45 days prior to the first dialysis treatment or within 45 days prior to receiving a kidney transplant.

In the Date field, enter the date the hemoglobin count was taken for this patient in either mm/dd/yyyy or mmdyyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.

(19) d. HbA1c
Required: No
Enter the patient’s HbA1c count in NN.N% format. The test must be completed within one year prior to the first dialysis treatment or kidney transplant.

In the Date field, enter the date the test was taken in mm/dd/yyyy or mmdyyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.
Section A – Part 4 (continued)

(19) e. Lipid Profile TC
Required: No
Enter the patient’s lipid profile count in NNN format. The test must be within one year prior to the first dialysis treatment or kidney transplant.

In the Date field, enter the date the test was taken in either mm/dd/yyyy or mmddyyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.

(19) LDL
Required: No
Enter the patient’s Lipid Profile LDL Cholesterol (LDL) value in NNN format. The test date must be within one year prior to the first dialysis treatment or kidney transplant.

In the Date field, enter the date the test was taken in either mm/dd/yyyy or mmddyyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.

(19) HDL
Required: No
In the Value field, enter the patient’s Lipid Profile HDL Cholesterol (HDL) value in NN format. The test date must be within one year prior to the first dialysis treatment or kidney transplant.

In the Date field, enter the date the test was taken in either mm/dd/yyyy or mmddyyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.
Section A – Part 4 (continued)

(19) TG
Required: No
In the Value field, enter the patient’s Lipid Profile Triglycerides value in NNNN format. The test date must be within one year prior to the first dialysis treatment or kidney transplant.

In the Date field, enter the date the test was taken in either mm/dd/yyyy or mmdyyyy format.

Note: This date must be between 1973 and current year and prior to the date of the physician’s signature.
Out-of-Range Labs

If any of the labs on the CMS-2728 Form are outside of the valid range, you will get a warning message with a checkbox when submitting the CMS-2728 Form.

If the lab value is correct, click the checkbox to ignore the warning, and you will be able to submit the CMS-2728 Form.
Section B

In Section B (Complete for All ESRD Patients in Dialysis Treatment), all fields are required to have entries.

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

**20) Name of Dialysis Facility**
Required: Yes
Name of the dialysis facility where the patient is receiving treatment. This field is pre-populated from patient attribute records.

**21a) Medicare Provider Number**
Required: Yes
Medicare Provider Number of the facility where the patient is receiving treatment. This field is pre-populated from selected patient records.

**21b) Facility NPI**
Required: Yes
The facility’s [from Item 20] National Provider Identifier (NPI). This field is pre-populated from selected patient records.

**22) Primary Dialysis Setting**
Required: Yes
Indicates the anticipated long-term treatment setting for this patient. This field is pre-populated from data in the patient record.

**23) Primary Type of Dialysis**
Required: Yes
The patient’s long-term primary type of dialysis. This field is pre-populated from data in the patient record, when available.

If you selected *Hemodialysis*, the number of sessions per week and the number of hours per session also pre-populate from data in the patient record, when available.
Section B (continued)

(24) Date Regular Chronic Dialysis Began
Required: Yes
Enter the date the patient’s regular chronic dialysis began in mm/dd/yyyy format of the patient's first dialysis treatment, after the physician has determined that this patient has ESRD and has written a prescription for a regular course of dialysis.* This is regardless of whether this prescription was implemented in a hospital/inpatient, outpatient, or home setting; and regardless of any acute treatments received prior to the implementation of the prescription.

If the patient is re-entering the Medicare program, enter the beginning date of the current ESRD episode or event. Make a note in the Remarks section (Item 53) that the patient is restarting dialysis.

*The beginning of the regular course of dialysis is counted from the beginning of the regularly scheduled dialysis necessary for the treatment of ESRD, regardless of the dialysis setting.

Supplemental or Re-entitlement 2728: If the patient is re-entering the Medicare program, enter the beginning date of the current ESRD episode or event. Make a note in the Remarks section (Item 53) that the patient is restarting dialysis.

(25) Date Patient Started Dialysis at Current Facility
Required: Yes
The date the patient began receiving treatment at the current facility. This field is pre-populated from selected patient records.

(26) Has patient been informed of kidney transplant options?
Required: Yes
Select Yes or No from the drop-down list to indicate if the patient was informed of his/her options for receiving a kidney transplant.
Section B (continued)

(27) If patient NOT informed of transplant options, please check all that apply

- Medically unfit
- Unsuitable due to age
- Psychologically unfit
- Patient declines information
- Patient has not been assessed
- Other

Required: Yes

If you entered No in Item 26 to indicate the patient was not informed of his/her transplant options, check all the boxes that apply to indicate why the patient was not informed of his/her options for receiving a kidney transplant.
Section C

In Section C (Complete for All Kidney Transplant Patients), all fields are required to have entries if the patient is a Transplant patient.

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

(28) Date of Transplant
The date of the patient’s most recent kidney transplant.

(29) Name of Transplant Hospital
The DBA name of the transplant hospital where the patient received a kidney transplant.

(30a) Medicare Provider Number for item 29
The provider number of the hospital where the patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.

(30b) Facility NPI for item 29
The Facility’s National Provider Identifier (NPI). This field is pre-populated from selected patient records.

(31) Enter Date
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.

(32) Name of Preparation Hospital
The name of the hospital where patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.
Section C (continued)

(33a) Medicare provider Number for item 32
The provider number of the hospital where the patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.

(33b) Facility NPI for item 32
The preparation hospital’s National Provider Identifier (NPI).

(34) Current Status of Transplant (if functioning, skip items 36 and 37)
The status of the transplant.

(35) Type of Donor
The source of the kidney donor.

(36) If Non-Functioning, Date of Return to Regular Dialysis
If transplant is non-functioning, enter date patient returned to a regular course of dialysis. If patient did not stop dialysis post transplant, enter transplant date.

(37) Current Dialysis Treatment Site
The anticipated long-term treatment setting for this patient.
Section D

In Section D (Complete for All ESRD Self-Dialysis Training Patients [Medicare Applicants Only]), all fields are required to have entries.

Section D is completed for a Supplemental CMS-2728, and this is covered in the Supplemental CMS-2728 section of this tutorial.
Section E

In Section E (Physician Identification), all fields are required to have entries.

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

(46) Attending Physician
Required: Yes
From the drop-down list, select the name of the physician who is supervising the patient’s renal treatment at the time this form is being completed.

(47) Physician’s Phone No.
This field pre-populates when the physician selection is made.

(48) UPIN of Physician in Item 46
Required: Yes
The Unique Physician Identifier Number for the physician selected in item 46. This field pre-populates from selected patient records.

(49) NPI of Physician in Item 46
Required: Yes
The Physician’s National Provider Identifier (NPI) for the physician selected in item 46. This field pre-populates from selected patient records.

(50) Date
Required: Yes
Enter the date the attending physician signed this form in either mmdyyyy or mm/dd/yyyy format.

Physician Signature
Required: Yes
This is where the physician signs his name.

(53) Remarks
Required: No
This section (up to 255 characters) may be used for any necessary comments by the physician.
Section F

In Section F (Obtain Signature From Patient), all fields are required to have entries.

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

(55) Date
Required: Yes
Enter the date the patient or his/her designee signed this form in mm/dd/yyyy format.

Patient Signature Attestation
Required: Yes
The patient’s signature authorizing the release of information to the Department of Health and Human Services must be secured here. If the patient is unable to sign the form, it should be signed by a relative or a person assuming responsibility for the patient.

The form must be saved and printed for patient and physician signatures.

Form Entered Date
The pre-populated date the CMS-2728 Form was initially entered into CROWNWeb.

GFR Calculation Method
Required: Yes
The Glomerular Filtration Rate (GFR) for the patient. Select one of the options from the drop-down list (if this has not already been selected in facility preferences):

For Adult Patients (18 years and older)
- Isotope Dilution Mass Spectrometry (IDMS)
- Modification of Diet in Renal Disease (MDRD)

For Pediatric Patients (less than 18 years old)
- Original Schwartz Equation
- Bedside IDMS Traceable Schwartz Equation
Section F (continued)

GFR Calculation Rate

The **Glomerular Filtration Rate (GFR)** calculates for the selected method when the CMS-2728 Form is Saved or Submitted.

If the **GFR** is >15, the **Remarks** field becomes required. Add comments in this field as to why the GFR is >15, and you will be able to submit the CMS-2728 Form.
Save the CMS-2728 Form

If all required fields have not been completed, you can save your work for completion later by clicking Save. The Edit an ESRD Medical Evidence (2728) – Saved screen displays.

NOTE: You can only modify a CMS-2728 Form that is in a Saved status.
Print, Obtain Signatures, and Submit the CMS-2728

The following interactive tutorial will guide you through printing, obtaining signatures, and submitting a CMS-2728 Form. Click View Tutorial to begin.

1. **Print the CMS-2728**

   To print the completed CMS-2728, open the saved form, scroll down, and click Print. The form displays in PDF format. Click the printer icon on the PDF form, then click OK when your print menu window displays.

2. **Obtain Signatures**

   On the printed copy of the CMS-2728, obtain the patient’s and the physician’s signatures in blue ink. Signatures do not have to be obtained on the same day.

   Store a copy of the completed, signed form in the patient’s medical records file based on your state’s medical record archival rules.

   Mail the signed CMS-2728 Form to the Social Security Administration.

3. **Enter Dates of Signature**

   After you obtain the physician and patient signatures on the printed form, open the saved form in CROWNWeb and enter the dates the physician and patient signed the form in Date fields (50) and (55).

   If the physician has any additional remarks, add them in the Remarks field.

4. **Submit the CMS-2728 Form**

   Scroll to the bottom and click Submit.

5. **CMS-2728 Form is Submitted**

   The form is submitted in CROWNWeb and the View ESRD Medical Evidence (2728) - Submitted screen displays with the submit date.

   **Note:** You cannot delete the CMS-2728 Form from the patient’s record once you submit it.
When a Patient Cannot Sign the CMS-2728 Form

What should be done if the patient is not able to sign the CMS-2728 Form (e.g., the patient is incapacitated or has expired)?

- For patients that are incapacitated, have a family member, guardian, or power of attorney sign the form.

- For patients that have expired, go into the patient’s attributes and enter the Date of Death and Reason for Death. That will remove the “mandatory” mark for the patient’s signature on the CMS-2728 Form in CROWNWeb.

- Enter remarks in the Remarks field as to why the patient did not sign, and the form can be submitted.
Supplemental and Re-entitlement CMS-2728 Forms

What are they, and how do you use them in CROWNWeb?

The steps to complete the Supplemental and Re-entitlement CMS-2728 Forms are essentially identical to an Initial CMS-2728 Form.

However, the circumstances that require their completion are dependent on the patient’s course of treatment.

These variances are explained on the next few slides.
Supplemental CMS-2728

A **Supplemental CMS-2728 Form** is required when:

- An initial CMS-2728 Form has been previously submitted in CROWNWeb

  -and-

- A patient transitions to self-care dialysis;  
- A patient has a transplant within the first three months after initial dialysis.

Navigate to the *Manage 2728 Forms* screen. When a supplemental CMS-2728 Form is required, CROWNWeb displays an additional **Add 2728** button. Click **Add 2728**. The *Add an ESRD Medical Evidence (2728)* screen displays.
Supplemental CMS-2728 Form, Section D

The Supplemental CMS-2728 Form will be grayed out in the areas that are not affected by the change in modality.

Complete Section D for Training (Change in Modality), then click Submit.

The following interactive tutorial has more information on each of the form’s fields. Click View Tutorial to begin.

(38) Name of Training Provider
Required: Yes
Select the name of the facility furnishing self-care dialysis training in the drop-down list.

Note: Must meet all relevant criteria; namely certified services of home hemodialysis or home hemodialysis training are offered by the facility and the facility is open on the date the training begins.

(39a) Medicare Provider Number of Training Provider (for item 38)
Required: Yes
Enter the six-digit Medicare identification code of the training provider.

(39b) NPI of Training Provider (for item 38)
Required: Yes
Enter the facility’s National Provider Identifier.

(40) Date Training Began
Required: Yes
Enter the date self-dialysis training began in mm/dd/yyyy format.
(41) **Type of Training**
Required: Yes
From the drop-down list, select the type of self-care dialysis training the patient began:
- Hemodialysis
- CAPD
- CCPD
- Other

(42) **This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis**
Required: Yes
Select Yes or No from the drop-down list to indicate whether or not the physician certifies that the patient is expected to complete the training successfully and self-dialyze on a regular basis.

**Note:** If the patient is not expected to complete the training, you will be presented with a warning, but you will be able to confirm the entered value.

(43) **Date When Patient Completed, or is Expected to Complete, Training**
Required: Yes
Enter the date in mm/dd/yyyy format when the patient completed or is expected to complete self-dialysis training.

(44) **Printed Name and Signature of Physician personally familiar with the patient’s training**
Required: Yes
Select the training practitioner’s last name from the drop-down list. Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving training.

**Date**
Required: Yes
Enter the date when this section of the CMS-2728 Form is completed.
Supplemental CMS-2728, Section D (continued)

(45a) UPIN of Physician in Item 44
Required: Yes
Enter the training provider’s CROWNWeb unique identifier if not auto-populated. Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving training.

(45b) NPI of Physician in Item 44
Required: Yes
Enter the physician’s National Provider Identifier if not auto-populated.
Re-Entitlement CMS-2728 Form

CROWNWeb triggers the **Re-entitlement CMS-2728 Form** when a patient resumes treatment after Medicare benefits have terminated.

Complete the admission process for the patient and proceed to the *View Patient Attributes* screen; click **2728** in the gray sub-menu. The *Manage 2728 Forms* screen displays.

CROWNWeb displays an additional **Add 2728** button when a re-entitlement is required. Click **Add 2728**.

The *Add an ESRD Medical Evidence (2728)* screen displays. Continue adding data to the Re-entitlement CMS-2728 Form the same as an Initial CMS-2728 Form.

**Remember!**

**Supplemental** and **Re-entitlement CMS-2728 Forms** must also be signed and submitted to the Social Security Administration.
Deleting a Saved CMS-2728 Form

If you need to delete a CMS-2728 Form, you can only do so if it’s in a saved status.

The following interactive tutorial will help guide you through deleting a saved CMS-2728 Form. Click View Tutorial to begin.

1. Click Patients
   From the CROWNWeb Home Page, click Patients. The Search for Patients screen displays.

2. Search for Patient
   Enter search criteria to find the desired patient and click Search. Note that the patient must have a saved CMS-2728 Form. The Patient Search Results screen displays.

3. Click CROWN UPI
   Click the CROWN UPI of the desired patient. The View Patient Attributes screen displays.

4. Click 2728
   Click 2728 in the gray sub-menu. The Manage 2728 Forms screen displays.

5. Click Initial Dialysis
   Click the Initial Dialysis+ link under the Existing 2728 Forms column. The View ESRD Medical Evidence (2728) - Saved screen displays.

6. Click Edit 2728
   Click Edit 2728 in the gray sub-menu. The Edit an ESRD Medical Evidence (2728) - Saved screen displays.

7. Click Delete
   Scroll down to the bottom of the form and click Delete.
Delete a Saved CMS-2728 (continued)

8. Click Yes
A dialog window displays asking confirmation to delete the CMS-2728 Form. Click Yes. **NOTE:** Deleted CMS-2728 Forms cannot be retrieved once deleted.

9. 2728 Form Deleted
The **View Patient Attributes** screen displays with the message: “**Form 2728 was deleted.**”
Deleting a Submitted CMS-2728 Form

What do you do if you discover a patient’s social security number is wrong, their name is not correct, or the wrong reason for the ESRD diagnosis was listed, and the CMS-2728 Form has been submitted?

Once you submit the CMS-2728 Form and send the signed hardcopy to the Social Security Administration, it can only be deleted in CROWNWeb by calling the QualityNet Help Desk.

The Help Desk confirms the deletion with the ESRD Network. The facility would submit a new CMS-2728 Form in CROWNWeb and forward to the Social Security Administration a new, signed hardcopy.

Older CMS-2728 Forms cannot be deleted by the Help Desk; only forms that are more recent can be deleted.
Troubleshooting

If you’re having difficulty completing the CMS-2728 Form, the following tips might help you out:

- Ensure that the mandatory fields are completed on the *Patient Attributes* screen before creating a CMS-2728 Form. This prevents having to navigate back and forth between the screens.

- A patient must be admitted as *New ESRD Patient* in order to add the Initial CMS-2728 Form.

- The Initial CMS-2728 Form must be submitted by the facility the patient first dialyzed with.

- An Initial 2728 Form must be submitted **before** the patient’s modality can be changed in CROWNWeb, and before CROWNWeb triggers the Supplemental 2728 Form.

- Labs that are not in range will display a warning message. Click the checkbox to ignore the warning and continue with entering data.
Summary

To complete a CMS-2728 Form:

1. From the Home Page, click Patients.
2. Enter criteria to search for the patient, click Search.
3. Click the patient’s CROWN UPI.
4. Click 2728.
5. Click Add 2728.
6. Complete Sections A-F of the CMS-2728 Form.
7. Click Save.
8. Print a copy(ies) of the CMS-2728 Form.
10. Enter dates the attending physician and patient signed the form in CROWNWeb. Click Submit.
11. Store a copy of the completed, signed form in the patient’s medical records file based on your state’s medical record archival rules.
12. Mail the printed and signed CMS-2728 Form to the Social Security Administration.
Frequently Asked Questions

To view Frequently Asked Questions for this topic, click the following link:

ACCESS FAQs

Enter the words “2728,” “supplemental,” “re-entitlement,” or any other applicable keyword to view FAQ content for that topic.
Demonstration

The Completing the CMS-2728 Form demonstration will allow you to watch the task of completing a CMS-2728 Form in real time.

- Click the View Demonstration button below, -or-
- Click the Bypass Simulation button to skip the demonstration and advance to the Completing the CMS-2728 Form Quiz.

View Demonstration

Bypass Demonstration – To Quiz

Help on Pop-up Blocker
Pop-up Blocker Instructions

To turn off pop-up blocker for your web browser when you get the “Pop-up blocked.” message...

Go to the top menu bar and select:

Tools > Pop-up Blocker > Always Allow Pop-ups from This Site...

Return to Demonstration
Quiz

The Completing the CMS-2728 Form Quiz will test your knowledge on generating reports in the CROWNWeb system.

- Click the Take Quiz button below to take the Completing the CMS-2728 Form Quiz;
  or

- Click the Bypass Quiz button to skip the quiz and advance to the end of the tutorial.

Take Quiz

Bypass Quiz – End Tutorial

Help on Pop-up Blocker
Completing the CMS-2728 Form Quiz

Q. An Initial CMS-2728 form is completed after: [Select one]
   A. A patient has a transplant.
   B. Admitting a patient as New to ESRD.
   C. The patient transfers to another facility.

   Answer: B. Admitting a patient as New to ESRD.

Q. A ________ CMS-2728 Form is completed after an Initial 2728 Form has been completed, AND a patient has a transplant within the first three months of initial dialysis. [Move correct answer to the blank bubble]
   A. Selective
   B. Supplemental
   C. Re-entitlement

   Answer: B. Supplemental

Q. Facilities can delete a submitted CMS-2728 Form in CROWNWeb.

   True / False

   Answer: False. A submitted CMS-2728 Form cannot be deleted in CROWNWeb by a facility. You must contact the QualityNet Help Desk to do this.

Q. Before submitting a CMS-2728 Form in CROWNWeb, you need to: [Move correct answer to the blank bubble]
   A. Print a hard copy and obtain the physician’s and patient’s signatures.
   B. Review all CMS-2728 Form data in CROWNWeb for accuracy.
   C. Notify your Network you will be sending them a copy.

   Answer: A. Print a hard copy and obtain the physician’s and patient’s signatures.

Q. You must send the original signed Initial, Supplemental, and Re-entitlement CMS-2728 Forms to the Social Security Administration.

   True / False

   Answer: True. All three original signed CMS-2728 Forms must be sent to the Social Security Administration.
Completing the CMS-2728 Form Quiz (continued)

Q. The CMS-2728 form should be signed in ______ ink. [Move correct answer to the blank bubble]
A. Red
B. Black
C. Blue

Answer: C. Blue. This shows the Social Security Administration this is an original form, and not a photocopy.
Pop-up Blocker Instructions

To turn off pop-up blocker for your web browser when you get the “Pop-up blocked.” message...

Go to the top menu bar and select:

Tools > Pop-up Blocker > Always Allow Pop-ups from This Site...

Return to Quiz
For More Information

**Quick Start Guides**
The CROWNWeb Quick Start Guides provide short and simple instructions on tasks users can perform in CROWNWeb, including completing the CMS-2728 Form.

Click the link below to access the CROWNWeb Quick Start Guides.

[GO TO QUICK START GUIDES]

**Online Help**
The CROWNWeb Online Help is a resource that contains instruction on all facets of the CROWNWeb system, including completing the CMS-2728 Form.

Click the link below to access the CROWNWeb Online Help.

[GO TO ONLINE HELP]

**Field-by-Field Descriptions**
The CROWNWeb Field-by-Field Descriptions are an online resource that contains details on every field on screens in the CROWNWeb system.

Click the link below to access the CMS-2728 Form Field-by-Field Descriptions.

[GO TO FIELD DESCRIPTIONS]

Thank you for taking this tutorial!

This material was prepared by FMQAI, the CROWNWeb Outreach, Communication, and Training contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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