



## End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)

---

### Version 2023 Form CMS-2728 Updates On Demand Training Transcript

#### Speaker

Jane Chaine, MSN, RN, CNN, RD  
Communications Director, EOCT

**DISCLAIMER:** This presentation document was current at the time of publication and/or upload onto the MyCROWNWeb.org website. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents. This document has been edited for grammar.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

**Jane Chaine:** Hello. Welcome to the training for the Version 2023 Form [CMS]-2728 Updates. My name is Jane Chaine, and I am the Communications Director for the End-Stage Renal Disease, or ESRD, Outreach Communication and Training Team, or EOCT. I will be your trainer for this On Demand training session. This training will begin with an overview of the process for submitting a Form 2728, also known as the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration. Then, the bulk of the session will focus on the updates and modifications reflected in the Version 2023 Form [CMS]-2728. This will include how to complete the newly added and modified fields. After you complete this training, you will know which field items are new and/or modified and reporting expectations for those items. Please note, this training does not go over unchanged or existing field items. In addition to this training, additional Version 2023 Form [CMS]-2728 training materials are listed a little later on in this training, on slide 11.

Here is a list of acronyms that you can reference for today's training.

Before we jump into the form updates, let's briefly review the process for submitting the form in EQRS.

For those of you new to dialysis or to the Form 2728, it is important to know that the Form 2728, also known as the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration, must be submitted in EQRS for all new ESRD chronic dialysis patients. This form is not required for your acute kidney injury, or your AKI, patients. The Form 2728 must be submitted in EQRS for a few important reasons. One reason is that it assists the Centers for Medicare & Medicaid Services, or CMS, to collect important ESRD related data for the purposes of data analysis. Another important reason is that the form needs to be completed to activate patient Medicare benefits. Lastly, the completion and submission of the form ensures that the dialysis facility is reimbursed for services rendered. Once the form is electronically completed in EQRS, it needs to be signed by the patient and attending physician or nephrologist.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

After the signatures have been obtained, the signature dates need to be entered electronically in EQRS for the completed form to be submitted in EQRS. Prior to submitting the form in EQRS, facility staff should review all of the information to ensure that it is correct. Once the form is reviewed for accuracy, it can be electronically submitted in EQRS. The last step in the completion process is to submit the completed and signed form to the local Social Security Administration, or SSA, office for patients applying for ESRD Medicare Coverage or for patients that are receiving Medicare benefits. Submitting the form to the SSA office is an important step to ensure that Medicare benefits are issued and that facility reimbursements are processed. As a best practice, dialysis facilities are recommended to start completing the form in EQRS as soon as possible or at least within 10 business days of the patient starting chronic dialysis at your facility. The form must be completed and submitted within 45 days of the patients starting on chronic dialysis. This 45-day deadline applies to all types of Form 2728s. The different types of 2728s and when to complete them will be covered on the following slide. If for any reason the form needs to be modified, a request to modify the form can be submitted within 60 days of submitting the form in EQRS. However, a request to modify field item 34, which is the date regular chronic dialysis began, can be requested at any time. Please note, only the facility that originally submitted the form can request a form modification. For assistance with modifying a Version 2018 or newer, please contact your ESRD Network. For assistance with modifying a Version 2014 or earlier, please contact the Center for Clinical Standards and Quality, or the CCSQ, Service Center. Contact information for the ESRD Networks and the CCSQ Service Center is available on slide 45 of this training.

Now that we have reviewed the process for completing the Form 2728, let's briefly review the different types of forms. These include the initial form, the supplemental form, and the re-entitlement form. The type of form will depend on the reason you are submitting the form. A nice feature about EQRS is that the Form 2728 type is generated for you, and the form type is pre-selected once generated in the system.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

Keep in mind though, if the facility enters an incorrect admission reason, the Form 2728 may not populate correctly. Let's go over the different types of Form 2728s in more detail. As mentioned earlier, the initial Form 2728 is for patients starting chronic dialysis, and it is also for patients receiving kidney transplants instead of a course of dialysis. As you probably already know, the majority of Form 2728s that are submitted are the initial Form 2728s, and this is because all new ESRD patients starting on chronic dialysis need this form to be completed. Next is the supplemental form. The supplemental Form 2728 is generated for patients who received a kidney transplant or for patients who are doing self-care dialysis training, within the first three months of starting chronic dialysis. Self-care training mostly consists of patients who are doing home dialysis training, but in rare instances, they are patients who are doing in-center self-care dialysis training. Please note, for patients 65 years and over, they do not require a supplemental form because these patients are automatically entitled to Medicare benefits. Let's discuss the last type of 2728, which is the re-entitlement 2728. There are two instances when a re-entitlement form will be triggered in EQRS. The first instance is for patients who stopped dialysis for more than a year and have resumed back on dialysis or for patients who have received a kidney transplant. The second instance is for patients who have had their ESRD Medicare benefits terminated for three years after receiving a transplant and are now back on dialysis or have received another kidney transplant. In both instances, these patients need to apply for ESRD Medicare benefits to be reactivated as an ESRD patient.

Here you see the updated Version 2023 form. This updated form can be viewed, downloaded, and printed from the CMS.gov website listed here on this slide. Click this link and you will be able to view the four-page form, along with the updated List of Primary Causes of Renal Disease, also known as the ICD-10 codes, and the form instructions. The form instructions have also been updated. Being familiar with the instructions will help you complete the form. The instructions provide explanations on how to report field items and definitions for terms used on the form.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

The form instructions specify that the form can be completed by the attending physician, your nephrologist, head nurse, or social worker involved in the patient's treatment of renal disease. CMS wants some of the fields to be completed by the attending physician; these fields include 17, 19, 20 and 36–40, all of which are new or modified fields on the Version 2023 form. As we go through this training, I will specify the fields that should be completed by the attending physician or the nephrologist. As a reminder, anyone who has access to EQRS can enter 2728 information electronically in EQRS. Please note that the form you see here is what the first page of the 2728 looks like if you were to view it online on the CMS.gov website. The appearance of the online form does look different than the electronic form in EQRS.

Now that we have reviewed the process for completing the form, let's transition to the primary focus of the training, the Version 2023 Form [CMS]-2728 and the updates reflected in this version of the form.

On November 30 of 2023, CMS approved the updated Version 2023 Form [CMS]-2728. EQRS will automatically generate the Version 2023 form once the updates have been completed and tested in the system. CMS will inform the ESRD community when the Version 2023 will automatically generate and be available in EQRS. Any Form 2728 that is generated after the Version 2023 form goes live in EQRS will automatically be generated to the Version 2023 form. Older versions of form that have been submitted in EQRS will remain in their original version, and any form that is saved or submitted in EQRS before the Version 2023 form goes live will remain in the original form version. Please note that the Version 2023 Form [CMS]-2728 does not need to be generated or submitted in EQRS if a previous version of the form was already started and is in a Saved status in EQRS.

The Form 2728 is organized into six sections, four of which reflect changes to the updated Version 2023 form. These sections include Section A, the section to complete for all ESRD Patients; Section B, the section to complete for all ESRD patients in dialysis treatment; and Section C, the section to complete for all kidney transplant patients.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

Lastly, Section F is the section where the patients' signature is obtained. We will review each one of these sections and the changes within those sections in the following slides.

Also included in the form updates are three new ICD-10 codes. As mentioned earlier, the list of ICD-10 codes, also known as the List of Primary Causes of Renal Disease, appears at the end of the form that is available online on the CMS.gov website. It also appears in updated 2728 form in EQRS in the drop-down box for field item 17. The ICD-10 list is used to determine what to report as the primary cause of renal failure. Of note, there are three new codes. These new codes include E11.21 or Type 2 diabetes mellitus with diabetic nephropathy; I120.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or ESRD. Lastly, the ICD-10 code U07.01 or COVID-19 was added to the list of primary causes of renal disease. The updated ICD-10 list will be reviewed again, when we go over updated field item 17 later on in this training.

Before we move on with the training, let's review some additional resources you can reference about the updated Version 2023 form. The Reference Guide and Frequently Asked Questions can be accessed on the Education page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org) or by clicking the links on this slide. The Reference Guide is especially useful when looking up details about the updated and/or added field items. The guide also specifies which fields are optional or required. As a reminder, these training slides are also available for download on the Education page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org). Remember to download the updated Version 2023 Form [CMS]-2728 that is available on the CMS.gov website. Saving or printing the online form allows you to conveniently refer to the instructions when needed.

This next section of the training examines the form updates field by field, as they appear in EQRS. Let's jump right in and navigate to the Form 2728 in EQRS.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

Once logged into EQRS, the first step to get started on a Form 2728 is to search for the patient. To do this, click on Patients in the blue navigation menu at the top of the screen.

Next, click Search Patients in the sub-menu that displays.

Search for the patient. The quickest way to do this is to search by the patient's first and last name. Here, in this example, you see that "Test" is entered as the first name, and "EOCT" is entered as the last name. Once you are ready to search for your patient, click the Submit button to conduct the search. If no results populate, remove the first and last name and try searching by the Social Security Number or the EQRS Patient ID, also known as the CROWN UPI, if available.

The screen refreshes, and your search results display. Review the patient information to verify you are selecting the correct patient. Then click on the EQRS Patient ID link on the left of your screen to bring up the patient's record.

The system will refresh and display patient information. Again, review the information to ensure that you have selected the correct patient. Next, click on the Form 2728 in the menu displayed on the left of your screen.

The Manage Form 2728 screen appears. If the patient was admitted as a new ESRD patient, as in most instances, and the initial 2728 has not been submitted, a blue box will appear that reads, "Add Initial 2728," just like you see in this example. A nice feature about this screen is that the due date for the 2728 form is shown to the left, as well as the facility's name and the patient's admit date. To open the Form 2728, click on the blue box that reads, "Add Initial 2728," to access the electronic 2728.

Now that we have reviewed the steps for navigating to Form 2728 in EQRS, let's review each section of the form where it has been updated or modified.

Let's start at the top of the form with Section A. There are several updates in Section A, and Section A consists of the majority of the form updates.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

As indicated in EQRS, Section A of the Form 2728 is to be completed for all ESRD Patients.

Starting at the top of the Form 2728 is Section A. Please note, that most of the fields in Section A are prepopulated with information that was entered during the admitting process, so you will notice that many fields have been completed for you. As we move through the training, you will notice that the updated, modified, and new field items are outlined in red. In this top portion of Section A, the first change that appears on the form is field item three or the field for the patient's Social Security Number. The updated form now has a separate field for the Social Security Number. Previous versions of the form grouped the Social Security Number and the Medicare Beneficiary Identifier, or MBI, in the same field. The Social Security Number should be the number as it appears on the patient's Social Security Card, and it is used to correctly match a patient for properly allocating benefits to that patient. Moving down the form to field item seven, field item seven is a newly added field item to report an alternate phone number. This is any alternate phone number the patient reports and can be used in the event of an emergency. Of note, the asterisks in black are for training purposes only and indicate field items that are prepopulated from another EQRS screen. In this case, both field items three and seven have a black asterisk, indicating that these fields are prepopulated from the patient's screen in EQRS. Again, the black asterisks are for training purposes only and do not appear in EQRS. Also of note is that both fields are optional. The required field items are marked with a red asterisk and are displayed on the electronic Form 2728 in EQRS. For a list of the required or optional field items as they apply to the new and modified fields, please refer to the Reference Guide available on the Education page on [www.MycROWNWeb.org](http://www.MycROWNWeb.org) or by using the link to the Reference Guide listing on slide 11 of this training.

Moving down Section A, the next field modification is field item eight. The field item name has been updated from "Sex" to "Sex Assigned at Birth, on Your Original Birth Certificate." The responses for this field are Male or Female. Notice that this field has a red and black asterisk.



## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

Remember red asterisks indicate a required field, and the black asterisk are for training purposes only to indicate fields that are prepopulated from another screen in EQRS. Moving on to field item nine, field item nine is a new field for gender identity reporting, and this field item is optional. For reporting gender identity, ask the patient, “How do you currently describe yourself?” Check the appropriate reporting option to indicate the gender the patient identifies as, including Male, Female, Transgender Male, Transgender Female, or None of These. The next update on the form applies to field item 12 or the Race field. This field item is also prepopulated from the patient screen in EQRS. The Race field has been updated to include additional racial identity reporting options including Multiracial, Middle Eastern/North Africa, and Asian with the options to select Asian Indian, Chinese, Filipino, Guamanian or Chamorro, Japanese, Korean, Vietnamese, or Other Asian. Additionally, the reporting options for Native Hawaiian and Pacific Islander have been expanded and now include Native Hawaiian, Samoan, or Other Pacific Islander. Lastly, there is an option to select Other, if the patient does not identify with any of the listed races. For field item 12, ask the patient to identify their race and select the appropriate racial categories. If a patient identifies with more than one race, be sure to select all races that apply. When multiple races are selected, the system will automatically check the box for Multiracial. The Race field is a required field, but remember it should prepopulate from the EQRS Patient screen.

Moving down Section A, the next field item update applies to field item 17 or the primary cause of renal failure. As discussed earlier, three new codes have been added in EQRS. These include Type 2 diabetes mellitus with diabetic nephropathy, hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, and lastly the ICD-10 code U07.01 for COVID-19. This field is required and should be determined by the attending physician or nephrologist using the appropriate ICD-10 code. For this field, select the appropriate ICD-10 code from the drop-down list in EQRS to indicate the primary cause of renal failure. Please note that only one primary cause of renal failure can be selected.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

For reference, the online form has a complete list of ICD-10 codes for reporting the primary cause of renal failure. As discussed earlier, the online form is available from the CMS.gov website, and a link to the online form is provided on slide 6 of this training.

Field item 19, the field for reporting comorbid conditions, has been updated. This field item was broadened to include several additional comorbid conditions, indicated by the red outline on this slide. Also included in this field update is the addition of pediatric-specific comorbid conditions, which is outlined on the following slide. Same as with field item 17, this field is required and should be completed by the attending physician or nephrologist. All comorbid conditions that apply need to be selected.

Outlined in red are the newly added pediatric comorbid conditions. These comorbid conditions apply to pediatric patients only. The attending physician or nephrologist needs to select all conditions that apply. This is a required reporting field, and, again, the reporting section Consider for Pediatric Patients is exclusive to pediatric patients only.

Continuing down the form, the next field item updates are under field item 20, which captures information applicable to the patient prior to ESRD therapy. Notice the red asterisk next to the field item 20. This means that this field is required. As you can see here, field 20 has several sub-type questions. Some of which are new and conditionally required based on the response provided. Also of note, Form 2728 instructions specify that field item 20 should be completed by the attending physician or nephrologist. Let's review the field updates starting with 20d; 20d is the field to report what access type was used on first outpatient dialysis. As you can see here, Peritoneal Dialysis, or PD catheter, has been added, and "Catheter" has been changed to "Central Venous Catheter." These updates help capture access type. In addition to these changes, there two new sub-type questions, indicated in the red outlined box at the bottom of this slide. Again, these sub-type questions are conditionally required based on the prior response for 20d.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

The new sub-type questions are: “Was one lumen of the Central Venous Catheter used and one needle placed in a AVF or graft?” “Is PD catheter present?” If applicable, select Yes or No.

Continuing with the new content in field item 20 and outlined here in red are several new questions. Let’s review these questions. 20e collects AKI information by asking, “Was patient diagnosed with an acute kidney injury in the last 12 months?” Indicate if the patient experienced acute renal failure by selecting Yes or No. If Yes is the response, report if dialysis was required by selecting Yes or No. Moving on to 20f, report if the patient indicates that they received and understood options for a home dialysis modality by selecting Yes or No. Next is 20g. For 20g, report if the patient indicates that they received and understood options for a kidney transplant. Select Yes or No, and, for a living donor transplant, select Yes or No. Lastly, for 20h, report if the patient received and understood the option of not starting dialysis at all, also called Active Medical Management Without Dialysis. Select Yes or No. In summary, field 20 consists of new questions that pertain to access type, as well as education given to the patient and patient understanding of that education as it pertains to home dialysis, transplant options, and active medical management without dialysis, prior to starting ESRD treatment. As a reminder, field 20 should be completed by the attending physician or the patient’s nephrologist and is a required field. However, please note, anyone that has EQRS access can enter this information electronically in EQRS.

The next change applies to field item 21 or the field that captures the patient laboratory values. If you recall, the previous form asked for the laboratory values that were drawn within 45 days prior to the most recent ESRD episode. This field has now been modified to allow flexibility in reporting these values. If laboratory values within 45 days prior to the most recent ESRD episode are not available within 30 days of the patient’s admission, CMS will allow the facility to use the patient’s admission laboratory values.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

This allows flexibility in reporting lab values in the event that the facility cannot obtain lab values that were drawn within 45-days prior to the most recent ESRD episode. EQRS users will be able to select the Admission Lab Values check box as displayed here on this slide. Please select, one of the two check boxes, Admission Lab Values or Prior Lab Values.

Moving down field item 21, there is another update. Notice here that a new laboratory test, the Cystatin C lab, is being collected and two laboratory tests were removed. These include the HDL and Triglycerides, or TG lab tests. The rationale behind adding Cystatin C and removing HDL and TG is to collect data that are more ESRD focused. Cystatin C is a protein filtered by the kidney that serves as one measure of kidney function. Reporting Cystatin C is currently optional, but strongly encouraged.

These next three slides cover field items 22 through 29, all of which are new questions, indicated by the red outline. Field items 22 through 29 are optional reporting fields, but it is highly encouraged to report this information. Starting with field item 22, ask if the patient has a living will or a medical or physician order for life sustaining treatment. Select Yes or No to complete reporting for this question. This question has been added to the form to collect information about end-of-life decisions. Next, there are a series of new questions reflected in field items 23 through 29. The information collected in questions 23 through 29 pertain to social determinants of health and align with CMS' priority for achieving health equity in healthcare. Due to the potential sensitive nature of these questions, ensure you identify a staff member best suited to discuss these questions with them. Let's explore this new set of questions. Field item 23 asks if the patient is currently concerned about where they will live over the next 90 days. Select Yes or No to answer this question. Field item 24 has three questions. Let's review these. Question A asks if the patient has caregiver support to assist with daily care. Daily care means assisting with bathing, dressing, and other daily living activities. Select Yes or No. Question B asks if the patient has caregiver support to assist with home dialysis or kidney transplant. Select Yes or No. Lastly, for Question C, ask the patient if the caregiver lives with them. Select Yes or No.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

Next is field item 25. Here, ask the patient if they have access to reliable transportation. Reliable transportation means that the patient can travel to all dialysis treatments, medical appointments, the grocery store, pharmacy, etc. without issue. Select Yes or No.

Field item 26 addresses language barriers and includes three questions. Starting with 26a, ask the patient if they understand health literature or written information in English. Next, ask the patient if they need a different way other than written documents to learn about health. Lastly, ask if they need a translator to understand health information. Complete questions 26a through 26c by selecting Yes or No.

Moving down to the remaining questions that involve social determinants of health care are field items 27 through 29. For 27, ask the patient if it is hard to pay for the very basic living expenses such as housing, medical care, electricity, and heating. Next, ask if within the last twelve months the food they bought has not lasted and if they didn't have money to get more. Lastly, ask the patient if anyone, including family and friends, has threatened them with harm or physically hurt them in the last 12 months. Complete questions 27 through 29 by selecting Yes or No. Remember to reference the form instructions available for download on the CMS.gov website and linked on slide 6 of this training. The form instructions provide clarifying information and definitions for terms used in this form. This completes the updates for section A of Form 2728 and accounts many of the changes to the form.

The Section B updates will cover fields 36 through 40, all of which are new field items. Please note, the Form 2728 instructions specify that questions 36 through 40 are to be completed by the attending physician or the patient's nephrologist, but remember that anyone that has access to EQRS can enter this information electronically.

As indicated in EQRS, Section B of Form 2728 is to be completed for all ESRD patients in dialysis treatment. The first update that appears in Section B applies to field item 36. Field 36 is a required field.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

The phrasing of this question changed: “Does the patient understand kidney transplant options at the time of admission?” This update was implemented to extract information about the patient’s understanding of transplant options at the time of admission. Select Yes, No, or N/A, not applicable. N/A should be selected only if the response to question 20g in Section A is Yes. If you recall from Section A, 20g asks if the patient received and understood education on kidney transplants and living donor transplants. In this example N/A is selected because Yes was the response to 20g in Section A. Moving on to field 37, field 37 is conditionally required only when No is selected for field 36. Changes to field 37 reflect two new responses and modifications to two existing responses. These responses were updated to collect better information about the patient’s understanding of transplant options. Let’s go over the two new responses, which are listed at the top. These include: “Patient found information overwhelming.” It also includes the option to select “Cognitive Impairment.” Moving down, the third response changed: Patient has an absolute contraindication.” Lastly, the second to the last response has changed: “Patient has not been assessed at this time. For field 37, select all that apply.

Moving down the form, the next update is field item 38. Field 38 is a required field. The questions in field 38 are new to the Form 2728 and consists of sub-type questions, all of which collect transplant referral information. Let’s review these questions starting with the first question listed. This first question asks, “Has the patient been connected to a transplant center with a referral?” Select Yes or No. Fields 38a and b are conditionally required when Yes is selected for the previous question. If Yes is selected, and the patient was referred, enter the referral date in field 38a and the name of the transplant center in 38b. The name of the transplant center can be entered manually at the bottom of the field or via the search option by typing in the name, CMS Certification Number, or CCN, or other identifying information. It is preferred that the name of the transplant center is entered via the search feature because that allows EQRS to auto populate fields 38c and d, the Medicare Provider Number, and National Provider Identifier, or NPI number, for the transplant center.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

If 38b is completed via manual entry, the system will skip fields 38c and d, and the user will not enter anything for those fields.

The last two field items in Section B are both new to the Form 2728 and collect information on the patient's understanding of home dialysis options. Field 39 is a required field and asks, "Does the patient understand home dialysis options at the time of admission?" Select Yes, No, or N/A. N/A should be selected if the response to 20f in Section A is Yes. If you recall from Section A, 20f asks, "Does the patient indicate they received and understood options for a home dialysis modality?" The next field item is 40. 40 is conditionally required when No is selected for 39. When No is selected for 39, EQRS users must select all reasons why the patient was not informed of home dialysis options or does not understand home dialysis options. Here in this example, this response was selected: "Patient found information overwhelming." If the patient found the information overwhelming or declined information, the patient should be approached again within a six-month period. Remember, for additional details about the fields in this form, please refer to the form instructions. Those can be found online via the CMS.gov website. A link to the online form and instructions are provided on slide 6 of this training. This completes the updates for Section B.

The updates in Section C cover the modifications to field items 48 and 50.

As indicated in EQRS, Section C of Form 2728 is to be completed for all kidney transplant patients.

The first update that appears in Section C is field item 48. Field 48 is required, but it conveniently prepopulates from the Transplant Treatment Information section on the Patient screen in EQRS. The text in field 48 changed from Type of Donor to Type of Transplant. Two new responses were also added to field 48. The system now allows users to select Multi-organ and Paired Exchange as a response option for the Type of Transplant. Here, in this example Paired Exchange is selected. Lastly, the existing response of Deceased was changed to Deceased Donor.

## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

The last field item update in Section C is in field 50. An additional response has been added to field 50. The response of Transitional Care Unit has been added as a response option. Please note, responses are only enabled for field 50 for the Re-entitlement Form [CMS]-2728 when the Admit Reason in EQRS is Dialysis After Transplant Failed. Field 50 was modified to expand responses for all dialysis care settings. This completes the updates for section C.

Now, we will skip to Section F to review the last update. Since there are no form updates for Sections D and E, these sections will be skipped; however, please refer to the form instructions for any updates to the instructions for these sections.

Section F is the section where the patient's signature is obtained.

This last form update applies to when the patient cannot sign the form and gives the option to select the reason why the patient is unable to sign. Please note, when the patient is unable to sign, the facility should attempt to have the form signed by a relative, a person assuming responsibility for the patient, or by a survivor. If this is not possible, select a reason the patient cannot sign from the field labeled Patient Unable to Sign/Mark Reason. Select one of the reasons from the drop-down box. These reasons include Lost to Follow-up, Moved Out of the United States and Territories, or Patient Expired. If the patient has expired, enter the date of death. Selecting one of the reasons allows the form to be closed. This completes the updates to Section F and concludes the training for the updates to the Form 2728. Please be sure to refer to the following slide for additional information.

This last slide provides resource links and contact information. Visit our website at [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org), where you can find these slides and additional training materials and EQRS resources. For assistance with EQRS technical related issues, please contact the CCSQ Service Center via phone, email, or through their online support center. For ESRD and ESRD QIP questions, please use the [QualityNet Q&A Tool](#).



## **End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)**

---

Lastly refer to the ESRD Network Directory to find your ESRD Network contact information, should you need assistance from your network.

On behalf of CMS and our EOCT team, thank you for viewing this On Demand training. Please visit [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org) often for EQRS news, resources, and information. Thank you and have a great rest of your day.