Welcome to FOCUSed Workshop
CMS-2728/CMS-2746 Forms

- All phone lines have been placed on mute
- Ask questions directly to Subject Matter Experts using the Q&A Panel
- Additional resources will be provided at the end of today’s session

- Dial In: 1-866-906-7447  CODE: 8084929#

Start Time: 2:00 PM ET/11:00 AM PT

CROWNWeb OCT Trainers
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WebEx Q&A Feature

Using the WebEx Q&A Feature

1. Mouse over to the WebEx navigation bar/button at the top of your screen.
2. Click the Q&A icon to the left of the navigation bar/button.
3. Click the drop down arrow next to the icon, and select “Ask a Question.” Type your question, and click the “Submit” button.
Before You Begin

Completing CMS-2728 Forms

CMS-2728 Medical Information Forms to be completed via CROWNWeb:

**Initial**
- Patient for whom a regular course of dialysis has been prescribed.
- Patient who initially received a kidney transplant instead of a course of dialysis.

**Supplemental**
- Patient who has trained for self-care dialysis within the first three months of the first date of dialysis or who has received a kidney transplant.
- The Initial form has been previously submitted.

**Re-entitlement**
- Beneficiaries whose ESRD Medicare benefits were terminated because their coverage stopped three years post-transplant.
- Beneficiaries who stopped dialysis for more than 12 months, have had their Medicare ESRD benefit terminated, and have now returned to dialysis or received a kidney transplant.

CMS-2728 Forms must be:

- Completed within 45 days of the date of a patient’s first dialysis. (Initial CMS-2728 Forms)
- Printed and signed by the patient and the patient’s physician.
- Submitted to the Social Security Administration.
Completing CMS-2746 Forms

When completing a CMS-2746 Form via CROWNWeb, users must:

1. Indicate the cause and date of death on the Patient Attributes screen.
2. Complete the CMS-2746 Form within 30 days of a patient’s death.
3. Print and maintain a copy of the patient’s CMS-2746 Form.

Patient Form Instructions

Facility Reports
Patient Forms

Download a Blank CMS-2728 Form (201 KB)
Download the CMS-2728 Instructions (34 KB)
Download a Blank CMS-2746 Form (90 KB)
Download the CMS-2746 Instructions (32 KB)

Initial CMS-2728 Form
Admit a New Patient

1. Is admitting a patient the same as completing a CMS-2728 Form?

2. Is our facility responsible for the Initial CMS-2728 Form for a patient who transferred in?
Completing an Initial CMS-2728 Form

Manage CMS-2728 Forms

Add CMS-2728 Forms
CMS-2728 FAQs

1. What if a patient passes away before being able to sign the CMS-2728 Form?

2. I cannot enter labs on the CMS-2728 Form because the labs were taken more than 45 days prior to when the patient became chronic. How do I enter these?

3. Do we need to enter a GFR value on the CMS-2728 Form?

Supplemental CMS-2728 Form

Submission Requirements

The requirements for submitting a Supplemental CMS-2728 Form via CROWNWeb must be met:

1. An Initial CMS-2728 Form is on file in CROWNWeb as “Submitted.”
2. The individual was previously admitted as an in-center hemodialysis patient.
3. The patient has trained for self-care dialysis within the first three months of the first date of dialysis or received a kidney transplant.
Completing a Supplemental CMS-2728 Form

Managing CMS-2728 Forms

The steps to complete a Supplemental CMS-2728 Form are similar to the Initial CMS-2728 Form.

Adding Supplemental Form
Submitting the Supplemental Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Facilities</th>
<th>Patients</th>
<th>Personnel</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submit the Supplemental Form

Form Type:
- Complete for all ED80 Patients
- [ ] Initial
- [ ] Re-enrollment
- [ ] Supplement

1. Patient’s First Name
2. Last Name
3. Medical Claim Number
4. Social Security Number

Submit the Supplemental Form
1. For Supplemental CMS-2728 Forms, how long do we have to complete training (Field 40) after the start of regular chronic dialysis?
Submission Requirements

Requirements for submitting a Re-entitlement CMS-2728 Form via CROWNWeb must be met:

1. The patient is or was previously admitted to a facility in CROWNWeb.

2. The patient is reapplying for Medicare ESRD benefits three years after a transplant – returning to dialysis or received another kidney transplant.

Completing a Re-entitlement CMS-2728 Form

Managing CMS-2728 Forms

The steps to complete a Re-entitlement CMS-2728 Form are similar to the initial CMS-2728 Form.
Adding Re-entitlement Form

Save and Print

Physician and Patient Signatures
Submitting the Re-entitlement Form

[Image of a QualityNet interface showing a form titled "Re-entitlement Requested"]

Submit the Re-entitlement Form

[Image of a form with fields for patient information]

Submitting the Re-entitlement Form

[Image of a form with instructions]

Submitting the Re-entitlement Form

[Image of a form with a checklist]

2/6/2013
Re-entitlement Form FAQs

1. How do I re-admit a patient who received a transplant more than three years ago but now needs dialysis after a failed transplant?
Enter Date and Cause of Death

Users must indicate the Date and Cause of the patient’s Death in order to access the CMS-2746 form.

Edit Patient Attributes

Edit Patient Attributes
Date and Cause of Death FAQs

1. Can I enter the Date and Cause of Death on the Admit/Discharge screen?

2. What is the deadline to submit a CMS-2746 Form in CROWNWeb?

Completing the CMS-2746 Form

Adding a CMS-2746 Form
### Adding a New Death Notice

**Key Personal Info**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>[Enter Name]</td>
</tr>
<tr>
<td>Date of Death</td>
<td>[Enter Date]</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>[Enter Number]</td>
</tr>
</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address</td>
<td>[Enter Information]</td>
</tr>
<tr>
<td>City</td>
<td>[Enter City]</td>
</tr>
<tr>
<td>State</td>
<td>[Enter State]</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>[Enter ZIP Code]</td>
</tr>
</tbody>
</table>

**Cause of Death**

- [ ] Cancer
- [ ] Heart Disease
- [ ] stroke
- [ ] Other/Specify:

- [ ] Other
- [ ] Specify

**Heart Disease**

- [ ] Yes
- [ ] No

**Organ Transplant**

- [ ] Yes
- [ ] No

**Discharge Status**

- [ ] Deceased
- [ ] Discharged
- [ ] Expired

**Discharge Location**

- [ ] [Enter Location]

**Date of Death**

- [ ] [Enter Date]

**Place of Death**

- [ ] [Enter Location]

**Place of Burial**

- [ ] [Enter Location]

**Visitation Details**

- [ ] [Enter Information]

**Funeral Details**

- [ ] [Enter Information]

**Veterans Information**

- [ ] [Enter Information]

**Next of Kin**

- [ ] [Enter Information]

**Additional Information**

- [ ] [Enter Information]

**Other Information**

- [ ] [Enter Information]

**Note:** Please provide all necessary details to ensure the accuracy of the death notice.
CMS-2746 Form FAQs

1. How can I add a primary cause of death on the CMS-2746 Form? There is a dash (-) there now.

2. Does the primary cause of death need to be completed with the secondary cause of death on the CMS-2746 Form?

3. If a patient passes away while admitted as a Transient patient to another facility, who is responsible for the CMS-2746 Form?

Final Questions

THANK YOU
Upcoming FOCUSed Workshops

http://projectcrownweb.org/lems/events/home