EQRS New User Training

With ESRD Outreach, Communication, and Training (EOCT)

End Stage Renal Disease Quality Reporting System
Today’s Trainer

ESRD Outreach, Communication, and Training Team

Oniel Delva, MS, CTT+
Communications Director
Submitting Questions

Type questions in the Q&A section, located in the top right corner of your screen. Send all Q&A questions to All Panelists.

Note: Some questions may require additional research. Unanswered questions may be submitted to CRAFT@MyCROWNWeb.org.
Our Agenda Today

- Manage Access
- Facility Dashboard Overview
- Set Default Preferences
- Add Facility Personnel
- Admit a Patient
- View and Edit Patient Details
- Submit an Initial CMS-2728
- Add Treatment Information
- Enter Clinical Information
- Enter Clinical Depression Data
- Discharge a Patient
- Complete a CMS-2746 Form
- Resolve Accretions
- Resources and Evaluation
Each lesson is divided into two parts:

- Part 1 – Background information
- Part 2 – Demonstration

Note:
Data used in this presentation is fictitious.
Content subject to change.
Manage Access
Use the Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) to maintain your user account.

- One HARP account is needed to access multiple CMS applications.
- All EQRS users must have a HARP account.
Use the HARP menu options to update your account.
Maintain EQRS Role(s)

- EQRS blends functionalities of the following legacy ESRD Systems into one global application:
  - CROWNWeb
  - ESRD QIP
  - Renal Management Information System (REMIS)
- Use EQRS to maintain and request roles for necessary user interfaces. Direct link: [https://eqrs.cms.gov/globalapp](https://eqrs.cms.gov/globalapp)

**Note:** Access step-by-step HARP account registration and EQRS role request instructions via [https://mycrownweb.org/harp-training/](https://mycrownweb.org/harp-training/).
Facility Dashboard Overview
The EQRS Facility Dashboard provides reminders and announcements.
Set Default Preferences
Click Facilities in the navigation menu.
Click Search Facilities in the navigation menu.
Search for Facility

Enter the facility identifier.

142605

1000353790, FMC - BOLINGBROOK DIALYSIS, FMC - BOLINGBROOK DIALYSIS, 142605, 1588779326, (630)759-1395, (630)759-1507, BOLINGBROOK, IL, 60440, Dialysis, Open

Show all results
Click the Default Preferences link in the Actions section.
Select Preferences

Select default values and click Submit.
Successful Submission

EQRS displays a successful submission message.

Select Default values for this facility in the section below

Successful
Facility default Preferences submitted successfully.

Adequacy Defaults

<table>
<thead>
<tr>
<th>BSA Method (PD)</th>
<th>Patient Height Unit of Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dubois and Dubois</td>
<td>in</td>
</tr>
<tr>
<td>Kt/V Method (HD)</td>
<td>Patient Weight Unit of Measure</td>
</tr>
<tr>
<td>UKM (Urea Kinetic Modeling)</td>
<td>lbs</td>
</tr>
<tr>
<td>V Method (PD)</td>
<td>RRF Assessed in Calculating Kt/V (PD)</td>
</tr>
<tr>
<td>% Body Weight</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Add Facility Personnel
Click Facilities in the navigation menu.
Click Personnel in the Facilities sub-menu.
Click New Personnel to display menu options.
Click Add Personnel to enter information.
Select Accordion

Click on the desired section to expand and view.
Enter Personnel Information

Complete the Personnel Information section.

Add new personnel
Add new personnel and positions using the form below.

Personnel information

Salutation
Dr.

First Name (required)
Meredith

Middle Initial

Last Name (required)
Grey

Suffix

Personnel NPI
7234567890

UPIN

Credentials

Organizational Unique Personnel Identifier

Address Line 1

Home phone

Address Line 2

Cell phone

Zip Code

Fax

Zip ext.

Email

City

Alternate Email

State

County

Business Name

Business phone

Business ext.
Add Position

Indicate the employee’s position and click Add Positions.
Click Review for a final look before submission.
Review the entry and click Submit.
Successful Submission

EQRS displays “Personnel information added successfully” message.

View existing personnel

Personnel information added successfully

Please review your information below.

Personnel Information

Salutation: Dr.
First Name: Meredith
Middle Initial: 
Last Name: Grey
Suffix: 

Personnel NPI: 7234567890
Credentials: 
UPIN: 
Organizational Unique Personnel Identifier:

Address Line 1: 
Address Line 2: 
City: 
State: 
Zip Code: 
County: 

Home Phone: 
Cell Phone: 
Fax Number: 
Email: 
Alternate Email: 

Business Name: 
Business Phone: 

Positions

Facility CCN: 142605
Facility NPI: 1588770228
Facility DBA: FMC - BOLINGBROOK DIALYSIS
Job Description: Facility Nephrologist
Job Title: 
Job Code: FNPH
Admit a Patient
EQRS uses six key identifiers when transferring a patient:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number
- Medicare Beneficiary Identifier
Click Patients in the navigation menu.
Click Admit Patient in the Patients sub-menu.
Enter Patient Information

Enter data in the Patient Information section.

Admit Patient

Complete the sections below to admit a patient in EQRS.

Patient Information

Patient's first name*
Itsa

Middle initial

Patient's last name*
Patient

Suffix

Date of birth*
Month Day Year
01 01 1960

Gender*
Female

Social Security Number
987651234

N/A

Medicare Beneficiary Identifier

N/A
Enter data in the Admission Information section and click Next.
Displays for new patient records says, “No patient matches found.”
EQRS displays additional fields for data entry.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity, race, tribe and origin</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Information</td>
<td></td>
</tr>
<tr>
<td>Medical Information</td>
<td></td>
</tr>
<tr>
<td>Admission Information</td>
<td></td>
</tr>
<tr>
<td>Admit Facility</td>
<td>FMC - BOLINGBROOK DIALYSIS</td>
</tr>
<tr>
<td>Admit Date</td>
<td>Month: 08, Day: 25, Year: 2020</td>
</tr>
<tr>
<td>Admit Reason</td>
<td>New ESRD Patient</td>
</tr>
<tr>
<td>Dialysis Treatment Information</td>
<td></td>
</tr>
</tbody>
</table>
Enter race and ethnicity, and tribe and origin (if needed).
Enter Contact Information

Enter the mailing address.

Contact Information

- Do not contact

Mailing address

Address Line 1
123 Patient Lane

Address Line 2

Zip Code
33607

Zip ext. (optional)

City
Tampa

State*
Florida

County
Hillsborough
Provide the physical address.

Provide Physical Address

- Physical address same as mailing address
- Address Line 1
- Address Line 2
- Zip Code
- Zip ext. (optional)
- City
- State
- County
- Phone/Email address
- Cell
- Work
- Work Extn.
- Home
- Email
Enter data in the Miscellaneous Information section.

- **Medicare enrollment**: Medicare Application Pending
  - **Effective date**: 08/25/2020

- **Citizenship**: US Citizen
  - **Effective date**: 01/01/1960

- **Employment**: Employed Part Time
  - **Effective date**: 08/25/2020

- **School**:
  - **Effective date**: MM/DD/YYYY

- **Vocational Rehabilitation**:
  - **Effective date**: MM/DD/YYYY
Enter Effective Date

Enter the Medical Information effective date.

Medical Information

Effective date

- Month: 08
- Day: 25
- Year: 2020
The Admission Information section is pre-populated.

Admission Information

Admit Facility
FMC - BOLINGBROOK DIALYSIS

Admit Date
Month: 08  Day: 25  Year: 2020

Admit Reason
New ESRD Patient
Enter Dialysis Treatment Information

Add a new dialysis treatment.

Dialysis Treatment Information

ADD NEW DIALYSIS TREATMENT

Treatment Start Date

Month  Day  Year

08  25  2020

Primary Dialysis Setting

Dialysis Facility/Center

Dialysis Time Period

Expected Self-care Setting
Add a new dialysis treatment and click Submit.
Successful Admission

EQRS displays “Patient admission was successful” message.
Pop Quiz
View and Edit Patient Details
Click Patients

Click Patients in the navigation menu.
Click Search Patients in the Patients sub-menu.
Enter search criteria to locate patient.
Click EQRS Patient ID

Click the EQRS Patient ID.
Click Edit to update the patient’s information.
Enter Updates

Enter the desired updates.

Edit Patient (Itsa Patient - 3100008572)

Complete the sections below to edit a patient in EQRS.

Patient Information

Patient's first name*  
Itsa

Patient's last name*  
Patient

Date of birth*  
Month 01  Day 01  Year 1960

Social Security Number  
987651234

Gender*  
Female

Medicare Beneficiary Identifier  
N/A
Submit Updates

Click the Submit button to process the desired updates.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>987651234</td>
</tr>
<tr>
<td>Medicare Beneficiary Identifier</td>
<td>N/A</td>
</tr>
<tr>
<td>Medicare Claim Number</td>
<td>N/A</td>
</tr>
<tr>
<td>Ethnicity, race, tribe and origin</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Information</td>
<td></td>
</tr>
<tr>
<td>Medical Information</td>
<td></td>
</tr>
</tbody>
</table>
Successful Submission

EQRS displays “Successfully edited patient” message.
Submit an Initial CMS-2728
Click Patients in the navigation menu.
Click Search Patients in the Patients sub-menu.
Enter search criteria to locate patient and click Submit.
Click the EQRS Patient ID.
Click Form 2728

View the patient’s demographics and click the Form 2728 link.

View Patient Demographics (Itsa Patient - 3100008572)

Patient Information

- Patient's first name: Itsa
- Patient's last name: Patient
- Date of birth: 01/01/1960
- Social Security Number: XXXXX1234
- Medicare Beneficiary Identifier: N/A

Middle initial: 
Suffix: 
Gender: F
Click Add Initial 2728.
Review and complete Section A, as needed.

A. COMPLETE FOR ALL ESRD PATIENTS - 3100008572

*Check One:
- Initial
- Re-entitlement
- Supplemental

(1) *Patient's Last Name
Patient

*First Name
Itsa

MI

(2) Medicare Beneficiary Identifier or Social Security Number
XXX-XX-1234

(3) *Date of Birth
01/01/1960

(4) *Patient Mailing Address

*Address Line 1: 123 Patient Lane

Address Line 2:
*Zip: 33607

*City: Tampa

*State: FL

(5) Phone Number:
### CMS-2728 Section A (continued)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(6) <strong>Sex</strong></td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>(7) <strong>Ethnicity</strong></td>
<td>Not Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>(8) <strong>Country/Area of Origin or Ancestry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) <strong>Race</strong></td>
<td>White, Asian, Black or African American</td>
<td>(10) <strong>Is patient applying for ESRD Medicare coverage?</strong></td>
</tr>
<tr>
<td></td>
<td>Name of Enrolled/Principal Tribe:</td>
<td>Yes</td>
</tr>
<tr>
<td>(11) <strong>Current Medical Coverage</strong></td>
<td></td>
<td>(12) <strong>Height</strong></td>
</tr>
<tr>
<td></td>
<td>Medicaid</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>VA</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Medicare</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicare Advantage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer Group Health Insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>(13) <strong>Dry Weight</strong></td>
<td>175</td>
<td>Pounds</td>
</tr>
</tbody>
</table>
(14) *Primary cause of Renal Failure

E1022

Type 1 diabetes mellitus with diabetic chronic kidney disease

(15) *Employment Status (6 mos prior and current status)

Prior:

Employed Full Time

Current:

Employed Part Time

(16) *Co-Morbid Conditions

- a. Congestive heart failure
- b. Atherosclerotic heart disease ASHD
- c. Other cardiac disease
- d. Cerebrovascular disease, CVA, TIA*
- e. Peripheral vascular disease*
- f. History of hypertension
- g. Amputation
- h. Diabetes, currently on insulin
- i. Diabetes, on oral medications
- n. Malignant neoplasm, Cancer
- o. Toxic nephropathy
- p. Alcohol dependence
- q. Drug dependence*
- r. Inability to ambulate
- s. Inability to transfer
- t. Needs assistance with daily activities
- u. Institutionalized
- u1. Institutionalized - Assisted Living
**Prior to ESRD therapy:**

a. Did patient receive exogenous erythropoietin or equivalent?  
   - No  
   - If Yes, answer:  
   - If not AVF, then:  
     - a. Is maturing AVF present?  
       - No

b. Was patient under care of nephrologist?  
   - Yes  
   - If Yes, answer:  
   - 6 - 12 months

c. Was patient under care of kidney dietitian?  
   - Yes  
   - If Yes, answer:  
   - <6 months

d. **What access was used on first outpatient dialysis:**
   - Catheter

b. Is maturing graft present?  
   - No
### (18) Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode (Lipid Profile Within 1 Year of Most Recent ESRD Episode)

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>Value</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.1 Serum Albumin (g/dl)</td>
<td></td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YYYY</td>
</tr>
<tr>
<td>a.2 Serum Albumin Lower Limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.3 Lab Method Used (BCG or BCP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Serum Creatinine (mg/dl)</td>
<td>15.0</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>c. Hemoglobin (g/dl)</td>
<td></td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YYYY</td>
</tr>
<tr>
<td>d. HbA1c</td>
<td></td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YYYY</td>
</tr>
</tbody>
</table>
This table contains Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode (Lipid Profile Within 1 Year of Most Recent ESRD Episode). The data displayed for each laboratory test is listed in the following columns: Laboratory Test, Value, and Date.
Click on the desired section to expand and view.

| B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT |
| C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS |
| D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY) |
| E. PHYSICIAN IDENTIFICATION |
| F. OBTAIN SIGNATURE FROM PATIENT |
Review and complete Section B, as needed.

### CMS-2728 Section B

**B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT**

<table>
<thead>
<tr>
<th>(19) Name of Dialysis Facility</th>
<th>(20a) Medicare Provider Number (for item 19)</th>
<th>(20b) Facility NPI (for item 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMC - BOLINGBROOK DIALYSIS</td>
<td>142605</td>
<td>1588779326</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(21) *Primary Dialysis Setting</th>
<th>(22) *Primary Type of Dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis Facility/Center</td>
<td>Hemodialysis</td>
</tr>
<tr>
<td></td>
<td>Sessions Per Week: 3 / Hours Per Session: 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(23) *Date Regular Chronic Dialysis Began</th>
<th>(24) *Date Patient Started Chronic Dialysis at Current Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month          Day          Year</td>
<td>Date Patient Started Chronic Dialysis at Current Facility</td>
</tr>
<tr>
<td>08            25            2020</td>
<td>08/25/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(25) *Has Patient Been Informed of Kidney Transplant Options?</th>
<th>(26) If patient NOT informed of transplant options, please check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Patient declined information</td>
</tr>
<tr>
<td></td>
<td>Patient is not eligible medically</td>
</tr>
<tr>
<td></td>
<td>Patient has not been assessed</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>


Review and complete Section C, as needed.

<table>
<thead>
<tr>
<th>(27) *Date of Transplant</th>
<th>(28) Name of Transplant Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>(29a) Medicare Provider Number for Item 28</td>
<td>(29b) Facility NPI for Item 28</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>(30) Enter Date</td>
<td>(31) Name of Preparation Hospital</td>
</tr>
<tr>
<td>(32a) Medicare Provider Number for Item 31</td>
<td>(32b) Facility NPI for Item 31</td>
</tr>
<tr>
<td>(33) *Current Status of Transplant (if Functioning, skip items 35 and 36)</td>
<td>(34) *Type of Donor</td>
</tr>
<tr>
<td>(35) If Non-Functioning, Date of Return to Regular Dialysis</td>
<td>(36) Current Dialysis Treatment Site</td>
</tr>
</tbody>
</table>
Review and complete Section D, as needed.

---

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

<table>
<thead>
<tr>
<th>(37) Name of Training Provider</th>
<th>(38a) Medicare Provider Number of Training Provider (for item 37)</th>
<th>(38b) NPI of Training Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(39) Date Training Began</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>MM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(40) Type of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(41) This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(42) Date When Patient Completed, or is Expected to Complete, Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>MM</td>
</tr>
</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>(43) Printed Name and Signature of Physician personally familiar with the patient’s training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>MM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(44a) UPIN of Physician in item 43</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(44b) NPI of Physician in item 43</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Select the Attending Physician.

<table>
<thead>
<tr>
<th>(45) *Attending Physician</th>
<th>(46) Physician's Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Fury</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(47a) UPIN of Physician in item 45</th>
<th>(47b) NPI of Physician in item 45</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1780762971</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(49) *Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>Day</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>MM</td>
</tr>
<tr>
<td>DD</td>
</tr>
<tr>
<td>YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(52) Remarks</th>
</tr>
</thead>
</table>
Select the GFR Calculation Method and click Save.
Select Print

EQRS displays the “Successfully saved form 2728” message. Click the Print link.
Click Patients in the navigation menu.
Click Search Patients in the Patients sub-menu.
Enter search criteria to locate patient and click Submit.

### Search Patients

Use the criteria below to search for a patient.

**SEARCH**

<table>
<thead>
<tr>
<th>Patient criteria</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's First Name</td>
<td>Patient's First Name</td>
</tr>
<tr>
<td>Patient's Last Name</td>
<td>Patient's Last Name</td>
</tr>
<tr>
<td>Medicare Beneficiary Identifier</td>
<td>Patient</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Admitted Facility</td>
</tr>
<tr>
<td>HICNUM</td>
<td>FMC - BOLINGBROOK DIALYSIS</td>
</tr>
<tr>
<td>EQRS Patient ID (aka CROWN UPI)</td>
<td></td>
</tr>
<tr>
<td>SIMS UPI</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

[Submit button]
Click the EQRS Patient ID.
Click Form 2728

View the patient’s demographics and click the Form 2728 link.
Existing 2728 Forms: Initial Dialysis

Click the Initial Dialysis link.

<table>
<thead>
<tr>
<th>Eligible 2728 Forms</th>
<th>Admit Date</th>
<th>Admit Facility</th>
<th>Due Date</th>
<th>Add 2728</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Form 2728 is required for this patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Existing 2728 Forms</th>
<th>Status</th>
<th>Admit Facility</th>
<th>Due Date</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Dialysis</td>
<td>Saved</td>
<td>FMC - BOLINGBROOK DIALYSIS</td>
<td>10/09/2020</td>
<td></td>
</tr>
</tbody>
</table>
Click the Edit link.

---

**View ESRD Medical Evidence (2728) - Saved**

Submit Date: [Date]

A. COMPLETE FOR ALL ESRD PATIENTS - 3100008572

<table>
<thead>
<tr>
<th>Form Type:</th>
<th>Initial Dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Patient's Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Patient</td>
<td>Itsa</td>
</tr>
<tr>
<td>(2) Medicare Beneficiary Identifier or Social Security Number</td>
<td></td>
</tr>
<tr>
<td>XXX-XX-1234</td>
<td></td>
</tr>
<tr>
<td>(4) Patient Mailing Address</td>
<td></td>
</tr>
<tr>
<td>123 Patient Lane</td>
<td></td>
</tr>
<tr>
<td>Tampa, FL 33607</td>
<td></td>
</tr>
<tr>
<td>(6) Sex</td>
<td>(7) Ethnicity</td>
</tr>
<tr>
<td>Female</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>(9) Race</td>
<td>(10) Is patient applying for ESRD Medicare coverage?</td>
</tr>
<tr>
<td>White</td>
<td>Yes</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
</tbody>
</table>
Scroll down to Section E.

Edit an ESRD Medical Evidence (2728) - Saved

A. COMPLETE FOR ALL ESRD PATIENTS - 3100008572

*Check One:
- Initial
- Re-entitlement
- Supplemental

(1) *Patient's Last Name
Patient

*First Name
Itsa

MI

(2) Medicare Beneficiary Identifier or Social Security Number
XXX-XX-1234

(3) *Date of Birth
01/01/1960

OMB CONTROL NUMBER 0938-0046 Expires 11/30/2022
Enter the date the physician signed the form.

E. PHYSICIAN IDENTIFICATION

(45) *Attending Physician
Nick Fury

(46) Physician's Phone No.

(47a) UPIN of Physician in item 45
(47b) NPI of Physician in item 45
1780762971

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) *Date
Month Day Year
08 27 2020

(52) Remarks
Enter the date the physician signed the form and click Submit.
EQRS displays the “Successfully submitted form 2728” message.

### View ESRD Medical Evidence (2728) – Submitted

**Submit Date:** 08/27/2020  
**OMB CONTROL NUMBER:** 0938-0046 Expires 11/30/2022

#### A. COMPLETE FOR ALL ESRD PATIENTS - 3100008572

<table>
<thead>
<tr>
<th>Form Type:</th>
<th>Initial Dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) Patient’s Last Name</strong></td>
<td>Itsa</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td></td>
</tr>
<tr>
<td><strong>(2) Medicare Beneficiary Identifier or Social Security Number</strong></td>
<td>XXX-XX-1234</td>
</tr>
<tr>
<td><strong>(3) Date of Birth</strong></td>
<td>01/01/1960</td>
</tr>
</tbody>
</table>
| **(4) Patient Mailing Address** | 123 Patient Lane  
Tampa, FL 33607 |
| **(5) Phone Number** | |
| **(6) Sex** | Female |
| **(7) Ethnicity** | Not Hispanic or Latino |
| **(8) Country/Area of Origin or Ancestry** | |
Pop Quiz
Add Treatment Information
Click Patients in the navigation menu.
Click Search Patients in the Patients sub-menu.
Enter search criteria to locate patient and click Submit.
Click EQRS Patient ID

Click the EQRS Patient ID.
Click Treatments

View the patient’s demographics and click the Treatments link.
Click the Admit Date link.
Click the New Treatment link.
Submit New Treatment

Enter the new treatment information. Click Submit.
Successful Submission

EQRS displays the “Treatment added successfully” message.

Successful
Treatment added successfully.

View Treatment Information (09/01/2020)

- Treatment information
  - Treatment Start date: 09/01/2020
  - Primary Dialysis Setting: Home
  - Primary Type of Treatment: CAPD
  - Attending Practitioner: Grey, Meredith
  - Type of Dialysis Training: N/A
  - Submit date: 09/04/2020
  - Dialysis Time Period: N/A
  - Sessions Per Week: N/A
  - Expected Self-care Setting: N/A
  - Attending Practitioner UPIN: N/A
  - Attending Practitioner NPI: 7234567890
  - Time Per Session (minutes): N/A
  - Dialysis Training Start Date: N/A
  - Dialysis Training End Date: N/A
Enter Clinical Information
Click Patients in the navigation menu.
Click Manage Clinical in the Patients sub-menu.
Patient Search

Select the search criteria for the desired patient and click Search Patients.
Set Common Lab Test Date

Indicate the Common Lab Test Date to support data reporting efforts.
Enter Anemia Management

Review and enter Anemia Management data, as needed.

**Anemia Management**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin (Hgb) (g/dL) *</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td>Ferritin (ng/mL) *</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td>Iron Saturation (TSAT) (%) *</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td>Reticulocyte Hemoglobin (CHR) (pg) *</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
</tbody>
</table>
Erythropoietin Stimulating Agents (ESA)

Review and provide ESA data, as needed.
ESA Date = Date of the most recent prescription
ESA Monthly Dose:
- In-center Patients = Amount administered
- Home Patients = Amount prescribed
Enter Adequacy

Review and enter Adequacy data, as needed.
Add Ultrafiltration

Review and add Ultrafiltration data, as needed.

**Ultrafiltration**

<table>
<thead>
<tr>
<th>Session UF ID</th>
<th>Session UF Date</th>
<th>Session UF Pre-Dialysis Weight</th>
<th>Session UF Post-Dialysis Weight</th>
<th>Session UF Delivered Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3100001983</td>
<td>08/28/2020</td>
<td>192 lbs</td>
<td>185 lbs</td>
<td>240</td>
</tr>
<tr>
<td>3100001982</td>
<td>08/25/2020</td>
<td>191 lbs</td>
<td>186 lbs</td>
<td>240</td>
</tr>
</tbody>
</table>

**Session UF ID: Not Yet Assigned**

**Session UF Date**

- **Month**: 08
- **Day**: 30
- **Year**: 2020

**Session UF Pre-Dialysis Weight**: 187 lbs

**Session UF Post-Dialysis Weight**: 183 lbs

**Session UF Delivered Minutes**: 240

[Add]
Enter Medication Reconciliation

Review and enter Medication Reconciliation data, as needed.
Enter Mineral Metabolism

Review and enter Mineral Metabolism data, as needed.

<table>
<thead>
<tr>
<th>Mineral Metabolism</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phosphorus (mg/dL)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td><strong>Phosphorus Method</strong></td>
<td>Serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Uncorrected Calcium (mg/dL)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.0</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td><strong>Corrected Calcium (mg/dL)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td><strong>Serum Albumin (g/dL)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>08</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td><strong>Serum Albumin Lower Limit (g/dL)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Serum Albumin Lab Method</strong></td>
<td>BCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N/A
Add Infection

Review and add Infection data, as needed.
Enter Iron

Review and enter Iron data, as needed.

Iron Date = Date of the most recent prescription

Iron Dose:
- In-center Patients = Amount administered
- Home Patients = Amount prescribed
Enter Fluid Weight Management

Review and enter Fluid Weight Management data, as needed.
Enter Hospitalization

Review and enter Hospitalization data, as needed.

<table>
<thead>
<tr>
<th>Hospitalization ID</th>
<th>Admission Date</th>
<th>All Hospital Visits</th>
<th>Name of Hospital</th>
<th>Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>31000011010</td>
<td>08/28/2020</td>
<td>Emergency Room (ER) Visit</td>
<td>ABC Hospital</td>
<td>08/28/2020</td>
</tr>
</tbody>
</table>

**Hospitalization ID: Not Yet Assigned**

**Admission Date**
- **Month**: 08
- **Day**: 29
- **Year**: 2020

**All Hospital Visits**
- **Hospitalization**

**Discharge Date**
- **Month**: 08
- **Day**: 30
- **Year**: 2020

**Name of Hospital**
- **ABC Hospital**
Enter Vaccination

Review and enter Vaccination data, as needed.
Enter Vaccination (continued)

<table>
<thead>
<tr>
<th>Administration of PCV13 Pneumococcal Vaccination Documented *</th>
<th>Most recent PCV13 Vaccination Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Year</td>
</tr>
</tbody>
</table>

Where PCV13 Pneumococcal Vaccination Received

Reason No Administration of PCV13 Pneumococcal Vaccination Documented

- Medical Reason: Allergic or Adverse Reaction
- Other Medical Reason
- Declined
- Other Reason
- Outside vaccination reported but no documentation
- Vaccine data not available
Enter Vaccination (continued)

<table>
<thead>
<tr>
<th>Hepatitis B Vaccination Not Received</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason No Hepatitis B Vaccination</td>
<td></td>
</tr>
<tr>
<td>Medical Reason(s)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Exclusion Reason</td>
<td>N/A</td>
</tr>
<tr>
<td>Patient Allergic History</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B Vaccination Initial 1</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Vaccination Initial 2</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Vaccination Initial 3</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Vaccination Initial 4</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Booster Date 1</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Booster Date 2</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Booster Date 3</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B Booster Date 4</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td>Hepatitis B surface antibody (anti-HBs) *</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>DD</td>
<td>YYYY</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Successful Submission

EQRS displays the “Successfully submitted clinical data” message.

Manage Patient Clinical Values

Successful
Successfully submitted clinical data.

Patient Search

FMC - BOLINGBROOK DIALYSIS

Collection Type *
Hemodialysis

Clinical Month *
August 2020 (Open)

Last Name Group

Patient Clinical Status

Search Patients

Patient, Itsa (310008572)

EQRS Patient ID
310008572

Patient Name
Itsa Patient

Date of Birth
01/01/1969

Medicare Beneficiary Identifier

No Clinical Data Available for All Collection Types

Save  Reset  Submit  Delete
Vascular Access: Patient Search

Search for the desired patient by clicking Search Patients.
Vascular Access: Indicate Access

Review and enter Vascular Access data, as needed.
EQRS displays the “Successfully submitted clinical data” message.
Pop Quiz
Enter Clinical Depression Data
Click Patients

Click Patients in the navigation menu.

![Image of EQRS interface with Patients menu highlighted]
Click Clinical Depression in the Patients sub-menu.
Review the list and click Report for the desired patient.
Submit Clinical Depression

Review the Clinical Depression options and click Submit.

Clinical depression reporting for Patient, Ima

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year.

The assessment periods are from 1/1 to 12/31 of each calendar year. Users can enter data during the entire assessment period and are given two months past the end of the assessment period 3/1 to complete their reporting. On 3/2 the previous year’s assessment period closes and the reported values become read-only.

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during the assessment period selected
- Only required of facilities with a CCN open date prior to July 1 of the assessment year selected

Please select one of the following options describing the clinical depression screening and (when necessary) the follow up plan documented for the patient.

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Submit
Cancel
EQRS displays the “Clinical depression assessment reported successfully” message.
Discharge a Patient
Click Patients in the navigation menu.
Click Search Patients in the Patients sub-menu.
Enter search criteria to locate patient. Click Submit.
Click the EQRS Patient ID.
Click Admission

View the patient’s demographics and click the Admissions link.

View Patient Demographics (Patient One – 3100008606)
Click the Admit Date link.
Click Edit

Review the Admission Information and click the Edit link.

<table>
<thead>
<tr>
<th>Admission information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admit date:</strong></td>
<td><strong>Admit reason:</strong></td>
</tr>
<tr>
<td>01/10/2020</td>
<td>New ESRD Patient</td>
</tr>
<tr>
<td><strong>Facility CCN:</strong></td>
<td><strong>Facility NPI:</strong></td>
</tr>
<tr>
<td>142605</td>
<td>1588779326</td>
</tr>
<tr>
<td><strong>Discharge date:</strong></td>
<td><strong>Discharge reason:</strong></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Enter the discharge information and click Submit.
Successful Submission

EQRS displays the “Admission record update successful” message.
Complete a CMS-2746 Form
Click Patients

Click Patients in the navigation menu.
Click Search Patients in the Patients sub-menu.
Enter search criteria to locate patient. Click Submit.
Click EQRS Patient ID

Click the EQRS Patient ID.

Search Patient Results

<table>
<thead>
<tr>
<th>EQRS Patient ID (aka CROWN UPI)</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Gender</th>
<th>Social Security Number</th>
<th>HICNUM</th>
<th>Medicare Beneficiary Identifier</th>
<th>SIMS UPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>3100008545</td>
<td>Ima</td>
<td></td>
<td></td>
<td>M</td>
<td>XXXXXXX789</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 results 10
View the patient’s demographics and click the Edit link.
Click Medical Information

Expand the Medical Information section to enter the death information.
Indicate the date and cause of death. Click Submit.

Medical Information

- **Effective date**
  - Month: 01
  - Day: 01
  - Year: 2010

- **Death date**
  - Month: 09
  - Day: 09
  - Year: 2020

**Death code description**
- Hypoglycemia

**Death code**
- 100
Click Form 2746

Click the Form 2746 link.

View Patient Demographics (Ima Patient - 3100008545)

Patient Information

- Patient's first name: Ima
- Patient's last name: Ima
- Date of birth: 01/01/1950
- Social Security Number: XXXXX6789
- Medicare Beneficiary Identifier: N/A
- Medicare Claim Number: N/A

Middle initial:
- Suffix:
- Gender: M
Indicate Key Patient Info

Review the form and indicate Key Patient Info, as needed.
Review the Cause of Death and indicate any Secondary Causes, as needed.
Review and complete the Renal Replacement Therapy section, as needed.

### Renal Replacement Therapy

<table>
<thead>
<tr>
<th>(12) <em>Renal replacement therapy discontinued prior to death:</em></th>
<th>(a) If yes, check one of the following:</th>
<th>(b) Date of last dialysis treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Following HD and/or PD access failure</td>
<td>Month: 09, Day: 02, Year: 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(13) <em>Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Indicate Transplant and Hospice Care

Review and complete the Transplant and Hospice section, as needed.

![Transplant and Hospice Form](image)
Complete the Physician section and click Submit.
Successful Submission

EQRS displays “Successfully submitted form 2746” message.

View a Death Notice (2746) – Submitted

Key Patient Info - 3100008545

<table>
<thead>
<tr>
<th>(1a) Patient’s Last Name</th>
<th>(1b) First Name</th>
<th>(1c) MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Ima</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2) Gender</th>
<th>(3) Date of Birth</th>
<th>(4) Medicare Beneficiary Identifier or Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>01/01/1950</td>
<td>XXX-XX-6789</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Patient State of Residence</th>
<th>(6) Place of Death</th>
<th>(7) Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>Home</td>
<td>09/09/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(8) Modality at Time of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inciner/ Hemodialysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(9) Provider Name and Address</th>
<th>(10) Provider Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) FM - BOLINGBROOK DIALYSIS</td>
<td>142605</td>
</tr>
<tr>
<td>(b) Address Line 1: 329 REMINGTON BLVD, STE 110</td>
<td></td>
</tr>
<tr>
<td>(c) Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>(d) Zip Code: 60440</td>
<td></td>
</tr>
<tr>
<td>(e) City: BOLINGBROOK</td>
<td></td>
</tr>
<tr>
<td>(f) State: IL</td>
<td></td>
</tr>
</tbody>
</table>
Resolve Accretions
What is an Accretion?

Accretion:

An ESRD patient identified in another CMS database that appears to be associated with your facility in the CMS database but is not currently admitted to your facility in EQRS. Accepting an accretion walks you through admitting the patient to your facility in EQRS.
What Does Each Action Do?

You can take the following actions on accretions:

**ACCEPT** – You agree with the external source and will admit the patient to your facility in EQRS.

**INVESTIGATE** – This informs other users that the accretion is “under investigation” by you.

**ESCALATE TO NETWORK** – The patient is not in your facility. This option escalates the accretion to your network so they can reassign it to the correct facility.
Click Patients in the navigation menu.
Click Action List in the Patients sub-menu.
Enter Filter Actions

Enter action criteria to select Filter.
Click the Accretion link in the Action Type section.

<table>
<thead>
<tr>
<th>Action Type</th>
<th>Assigned To</th>
<th>Days Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accretion:XSÁTEGÁ XGONZALEZ SERRANO</td>
<td>American Kidney Center of Louisville</td>
<td>10</td>
</tr>
<tr>
<td>SSN:XXX-XX-4506</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accretion:XNEHRERÁ XSABR</td>
<td>American Kidney Center of Louisville</td>
<td>10</td>
</tr>
<tr>
<td>SSN:XXX-XX-2908</td>
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<td></td>
</tr>
<tr>
<td>Accretion:XCALMEIRO W XEIGEL</td>
<td>American Kidney Center of Louisville</td>
<td>10</td>
</tr>
<tr>
<td>SSN:XXX-XX-5204</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accretion:XMAHPOUR XBERDEGIA</td>
<td>American Kidney Center of Louisville</td>
<td>10</td>
</tr>
<tr>
<td>SSN:XXX-XX-7802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accretion:XAHMADKHANI XBERBAN</td>
<td>American Kidney Center of Louisville</td>
<td>10</td>
</tr>
<tr>
<td>SSN:XXX-XX-2109</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Accretion Link
Click the accordion to view accretion information.
Accretion Accepted

Select Accept under the Assign Action Status to accept accretion.
Submit Accretion

Click the Submit button to submit accretion.
Accretion: Admit Patient

Complete the patient admission process.

Accretion under investigation

Admit Patient

Complete the sections below to admit a patient in EQRS.

Patient Information

Patient's first name *
XSTEG

Patient's last name *
XGONZALEZ SERRANO

Date of birth *
Month
Day
Year
11
21
1942

Social Security Number *
000234506

Medicare Beneficiary Identifier *
2F62TE2QF60

Gender *
Female

Middle Initial

Suffix

N/A

N/A
Resources and Evaluation
www.MyCROWNWeb.org

September 2020 CROWNWeb Newsletter available. Click here for more information.
CROWNWeb Educational Resources

MyCROWNWeb offers many different training and educational tools to help new and experienced users of CROWNWeb. Please visit the pages listed below to find the best educational resources for you:

CROWNWeb Resources:
- CROWNWeb Training Videos
- CROWNWeb Data Submission Stopwatch
- CROWNWeb Online Help
- CROWNWeb Quick Start Guides
- CROWNWeb Training Materials and Documents

HARP Training:
- HARP Training
- HARP Training Recording
- HARP Training PDF
- HARP Quick Start Guide

ESRD Quality Incentive Program:

Virtual Training Calendar

Tutorials – CROWNWeb

End-Stage Renal Disease Quality Incentive Program (ESRD) Facility User Quick Start Guide is now available.
Please evaluate this session. The evaluation will pop up in your browser when the session ends. Thank you.