End-Stage Renal Disease Systems

Data Management Guidelines

eqrsoct
Outreach, Communication and Training

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Document Control

©	Information
Sequence Number	0003
Document Type	Guidelines
Release Number	4.0
Release Date	October 1, 2020

Document Updates

Additions	• Pending CMS Certification Number (CCN) • Clinical Depression Screening • Admit and Discharge Reasons • Patient Admit and Discharge Reason Rules
Removals	• Transient Patients • Patient Attributes and Related Treatment (PART) Verification • Notifications • Facility-Level Reports List • Network-Level Reports List

Contributors

A special "Thank you" to the following individuals and groups for their contribution to the development of the ESRD Systems Data Management Guidelines:

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ESRD Networks, Programs, and Data Managers

The work on this publication was performed under Contract Number 75FCMC18D0026, titled "Outpatient Quality Program Systems and Stakeholder Support," and was funded by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. The author assumes full responsibility for the accuracy and completeness of the ideas presented.

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Introduction and Background

System Overview

The Centers for Medicare & Medicaid Services (CMS) aims to provide ongoing support to the End-Stage Renal Disease (ESRD) user community to foster accurate and timely monthly data submission into the ESRD Quality Reporting System (EQRS). EQRS blends functionalities of three legacy ESRD Systems into one global application. These ESRD Systems, which support ESRD facilities and programs, include a quality measure value-based purchasing performance score review system (ESRD Quality Incentive Payment [QIP] System); an ESRD patient registry and quality measure reporting system through the Consolidated Renal Operations in a Web Enabled Network (CROWNWeb); Medicare coverage determination support through the Renal Management Information System (REMIS); and additional supporting systems.

Introduction

Over 20,000 authorized ESRD System users from more than 8,000 renal dialysis facilities and select renal transplantation centers use the ESRD System. These users process and access information that include but are not limited to facility details, patient admission/discharges, CMS forms, and patient clinical data. Additionally, other ESRD stakeholders, including ESRD Network representatives, use the system to support data accuracy, quality improvement activities, and to provide technical assistance to dialysis facilities.

To help ensure that all data reported via ESRD Systems accurately reflect the quality of patient care, it is vital that all system users understand and follow standardized processes when completing specific tasks.

This document describes standardized data management processes created, reviewed, and approved by CMS. System users should reference these guidelines when overseeing data entry and reporting efforts.

Tasks to be completed by system users and submission timelines are identified in this ESRD Systems Data Management Guidelines document. These tasks fall into three categories:

1. **Data Monitoring** consists of policies, processes, and practices that address the accuracy, validity, completeness, timeliness, and integrity of data (data quality).
2. **Data Quality Measuring** quantifies quality of care through comparison to a criterion. Quality measurements typically focus on structures or processes of care that have a demonstrated relationship to positive health outcomes.
3. **Data Quality Managing** consists of the business processes that ensure the integrity of an organization's data during collection, application (including aggregation), warehousing, and analysis.[1]

[1] Source of definitions: http://library.ahima.org/PB/DataQualityModel#.XBPCHmhKhEY

Accessing Training Materials

Step-by-step instructions regarding how to complete procedures highlighted in this document can be accessed via https://mycrownweb.org/education/.

Using ESRD Systems

ESRD Systems allow users to enter and manage data, as well as, generate reports in the following areas:

- Patient information (including demographics and treatment and admission records)
- Facility information (including contact information, hours, and types of services)
- Personnel information (including current staff members and job titles)
- Clinical Data

Account Maintenance

Due to the sensitivity of the data stored in the ESRD System, all users must first complete CMS's Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account registration process to establish and maintain a user ID. Additionally, users must use EQRS to request and maintain roles, as well as access user interfaces within EQRS. Users' roles and scope are approved by their facility's assigned Security Official.

What is HARP?

HARP is a secure identity management portal provided by CMS. Creating an account via HARP provides users with a user ID and password that can be used to access many CMS applications.

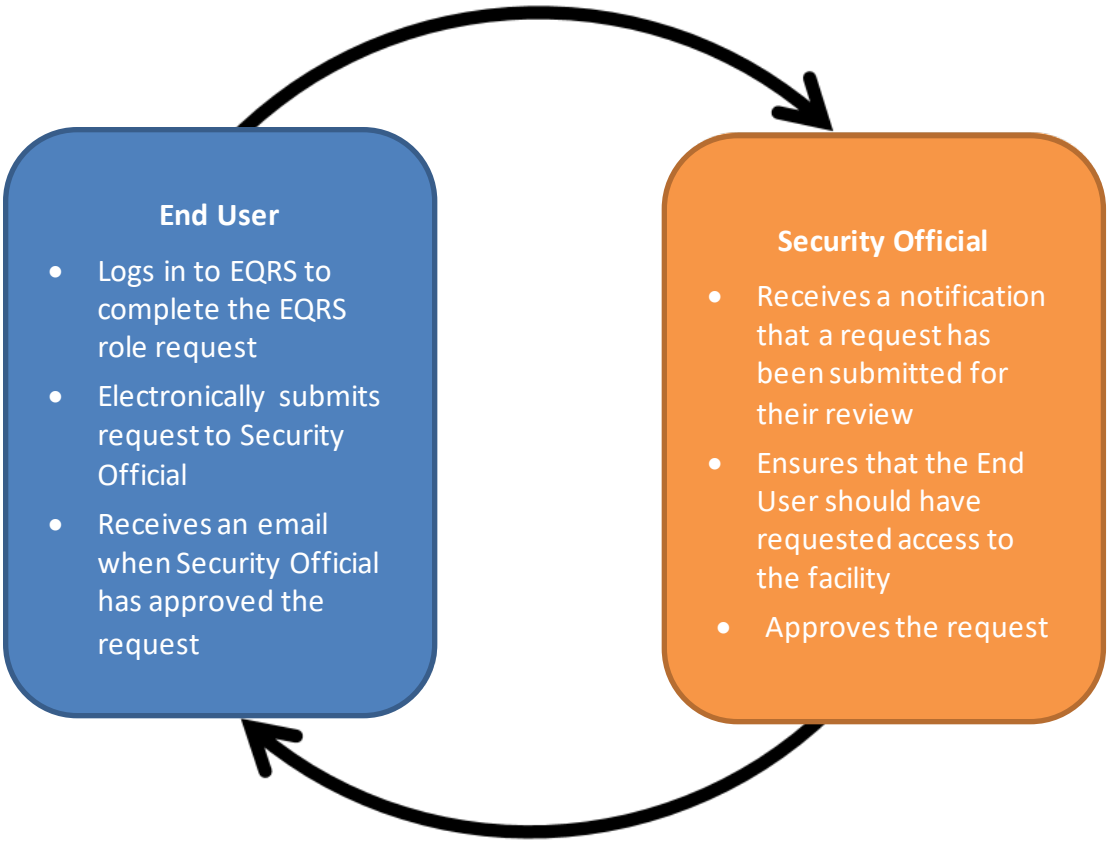
HARP is also used to support the identity vetting process by requiring users to complete a Two-Factor Authentication (TFA) process that helps grant users access to CMS applications after they have successfully presented several pieces of identity verifying information to an authentication tool. During the account registration process, users must select a TFA code delivery method. Security Codes are submitted to designated devices to help authenticate users' access.

HARP provides a single location for users to:

- Modify their user profile
- Change their password
- Update their Challenge Question
- Add or remove TFA devices

After establishing a HARP account, a user must log in to EQRS to request access to the user interfaces within EQRS.

The following image outlines the process required to request a role in EQRS:



Overview of EQRS Roles

- **End User**
  - Performs tasks within CMS applications, such as EQRS
  - May have a user role and scope over multiple organizations
- **Security Official**
  - Can serve as the Security Official (SO) over multiple organizations
  - Approves or denies additional SO and End User role requests for a specific organization
  - Must have an End User role to perform tasks in the EQRS application
  - Cannot approve their own End User role request

All EQRS users must complete a HARP account setup.

Register for a HARP account via https://harp.qualitynet.org/register/profile-info.

Access EQRS via https://eqrs.cms.gov/globalapp/.

Access step-by-step HARP account registration and EQRS role request instructions via https://mycrownweb.org/harp-training/.

End User Roles and Responsibilities

End User Roles

EQRS has three roles in which an End User can serve.

End User Role Types:

- **Viewer** – Views previously submitted data.
- **Editor** – Enters data into EQRS.
- **Batch** – Electronically uploads data into EQRS on behalf of facilities within the user's scope.

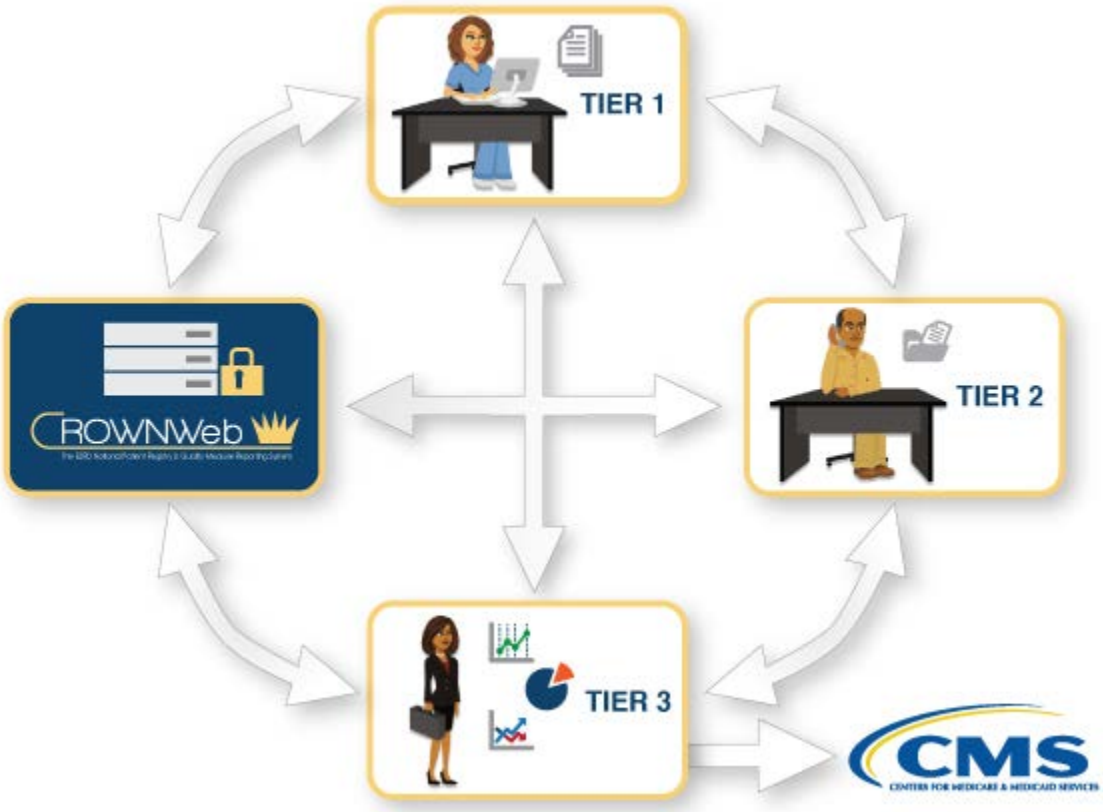
ESRD Systems Data Manager

Data entries are overseen by ESRD Systems Data Managers. A Data Manager is defined as any authorized user who oversees or assists with promoting data quality by ***monitoring***, contributing to data effectiveness by ***measuring***, and ensuring data reliability by ***managing*** accurate and timely data submissions.

There are three tiers of Data Managers who complete monitoring, measuring, and managing activities that support accurate and timely reporting of data via ESRD Systems. These users are as follows:

- **Tier 1 – Individuals or groups that manually enter patient and facility details directly into ESRD Systems**, or those affiliated with an organization that electronically uploads information on behalf of a facility. Tier 1 Data Managers include facility-level users and Electronic Data Interface (EDI) submitters.
- **Tier 2 – Individuals or groups that provide technical data reporting assistance**. Tier 2 Data Managers primarily monitor data reporting efforts to foster accurate and timely submissions by Tier 1 users. Additionally, Tier 2 Data Managers input data directly into ESRD Systems to support data reporting requirements. Tier 2 users analyze report data to determine appropriate support activities for improving quality of both data and healthcare outcomes. Tier 2 Data Managers include ESRD Network-level users.
- **Tier 3 – Individuals or groups that support CMS data reporting needs**, as well as monitor and analyze ESRD Systems data entry. Additionally, individuals or groups in this classification support Tier 1 and Tier 2 Data Managers. Tier 3 Data Managers include data support contractors such as those responsible for the QualityNet Help Desk, CROWN Data Discrepancy Support (CDDS), Production Data Management (PDM), and the Application Development Organization (ADO).

See the next page for an illustration of how Data Manager Tiers work together.



In their respective roles, Data Managers:

- Foster timely and accurate reporting by analyzing data submission and quality, using ESRD System reports.
- Assist with or oversee data entry for Dialysis Facilities, kidney transplantation centers, and Veterans Health Administration (VHA) facilities.
- Work to resolve Action List discrepancies.
- Generate, review, and finalize CMS-2744 ESRD Facility Survey submissions.
- Monitor compliance with ESRD QIP Program reporting and performance measures.
- Assist CMS and other ESRD stakeholders described in this document with ***monitoring***, ***measuring***, and ***managing*** all ESRD Systems data.

Tasks authorized to be performed by specific Data Managers are identified in the following sections of these ESRD Systems Data Management Guidelines.

Chapter 1

Data Monitoring

Data Monitoring

EQRS has five tasks that support efforts to promote data quality through data monitoring. They also offer multiple reports and search capabilities that provide users with the means to monitor and audit data entry efforts.

Section	Task	Authorized Tier
Facility Dashboard	Monitor Facility Dashboard	Tier 1 and Tier 2
Facilities	Monitor Facility Attestation	Tier 1, Tier 2, and Tier 3
	Monitor Facility Summary	Tier 1 and Tier 2
	Monitor Saved Facilities	Tier 2
Personnel	Review Personnel Information	Tier 1

This chapter provides further details about data monitoring and the timeframes for performing required tasks to support data validity.

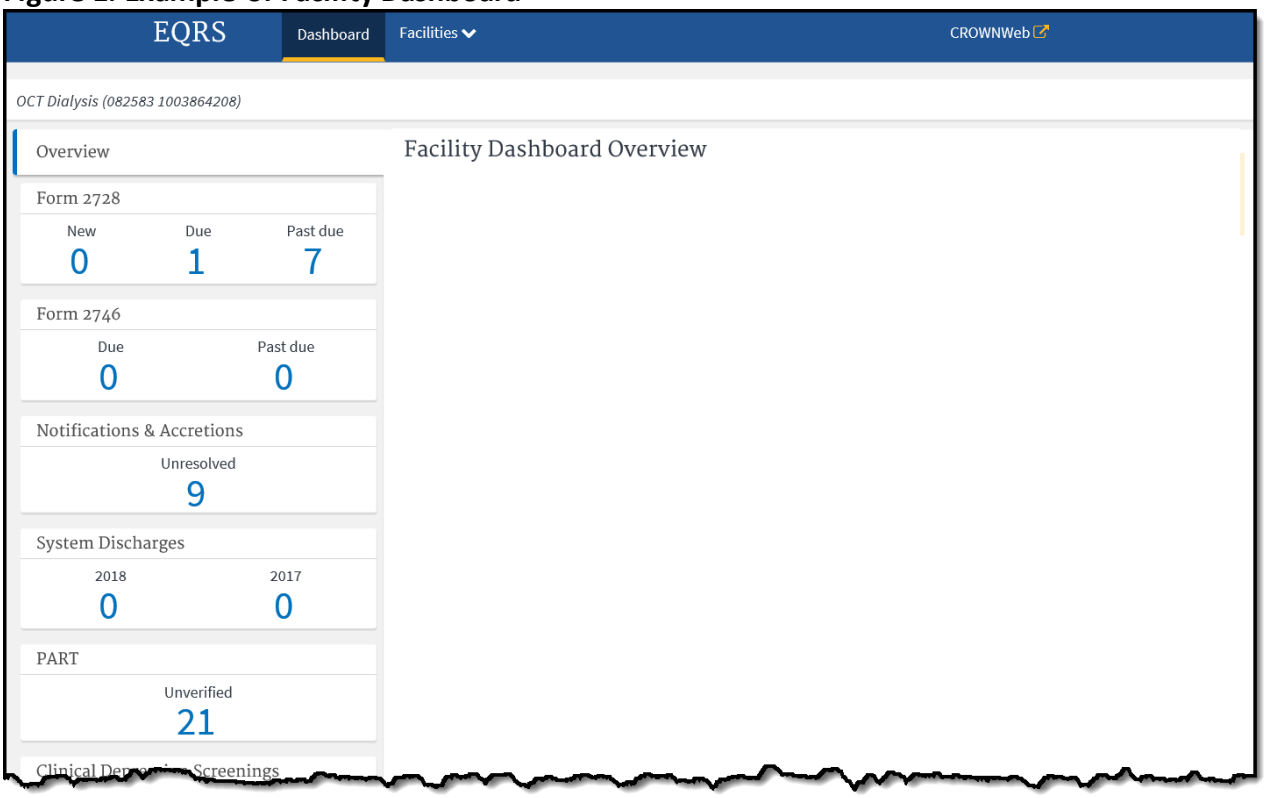
Note: An overview of the Tiers can be found in the "ESRD Systems Data Manager" section on Page 5.

Facility Dashboard

Monitor Facility Dashboard

Key Points	• The Facility Dashboard provides users with upcoming data submission reminders in EQRS. • The Facility Dashboard presents users with a list of outstanding deliverables for the facilities within their scope. • The Facility Dashboard provides users with the ability to click on the number of outstanding items to drilldown further to identify required submissions.
Frequency	Tier 1 and Tier 2 Data Managers monitor Facility Dashboard data at least weekly to help ensure that required data are completed within a timely manner.

Figure 1: Example of Facility Dashboard



Facilities

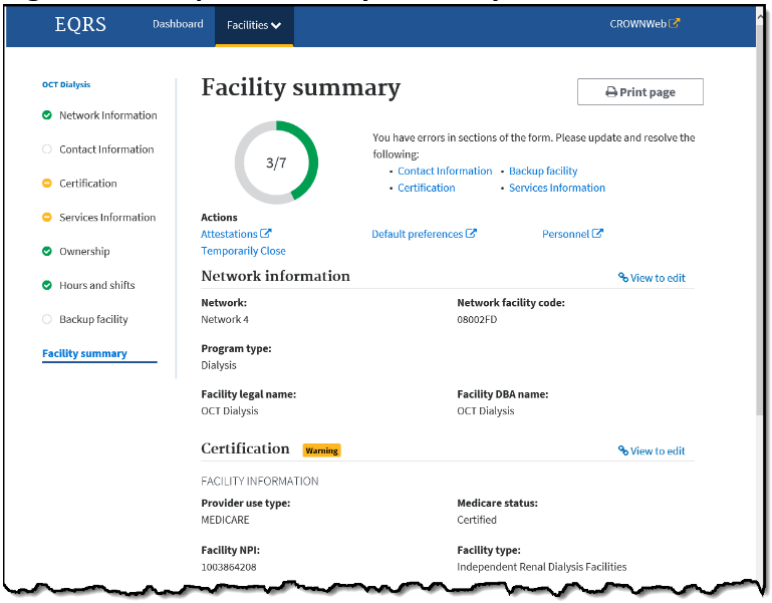
Monitor Facility Attestation

Key Points	• Facility Attestation supports the ESRD QIP Program. • The Facility Attestation submission period is typically January 1 – February 28 of each year. • Tier 1 and Tier 2 Data Managers use the system to monitor the attestation statuses of facilities within their scope.
Frequency	Tier 1 Data Managers monitor Facility Attestations in EQRS to help ensure that required data are completed between January 1 and the end of the Attestation submission period for each year.

Monitor Facility Summary

Key Points	• EQRS contains details related to facilities' ownership details and history, services, certifications, and number of Medicare-certified stations. • Information entered on the *Facility Summary* screen supports the ESRD QIP Program, Dialysis Facility Reports, Dialysis Facility Compare, and the CMS-2744 ESRD Facility Survey. • Tier 1 and Tier 2 Data Managers assist with promoting data accuracy by using EQRS to monitor facility details to ensure that the system contains up-to-date information.
Frequency	Tier 1 and Tier 2 Data Managers ensure that all necessary facility updates are applied annually by December 31 in support of the CMS-2744 ESRD Facility Survey.

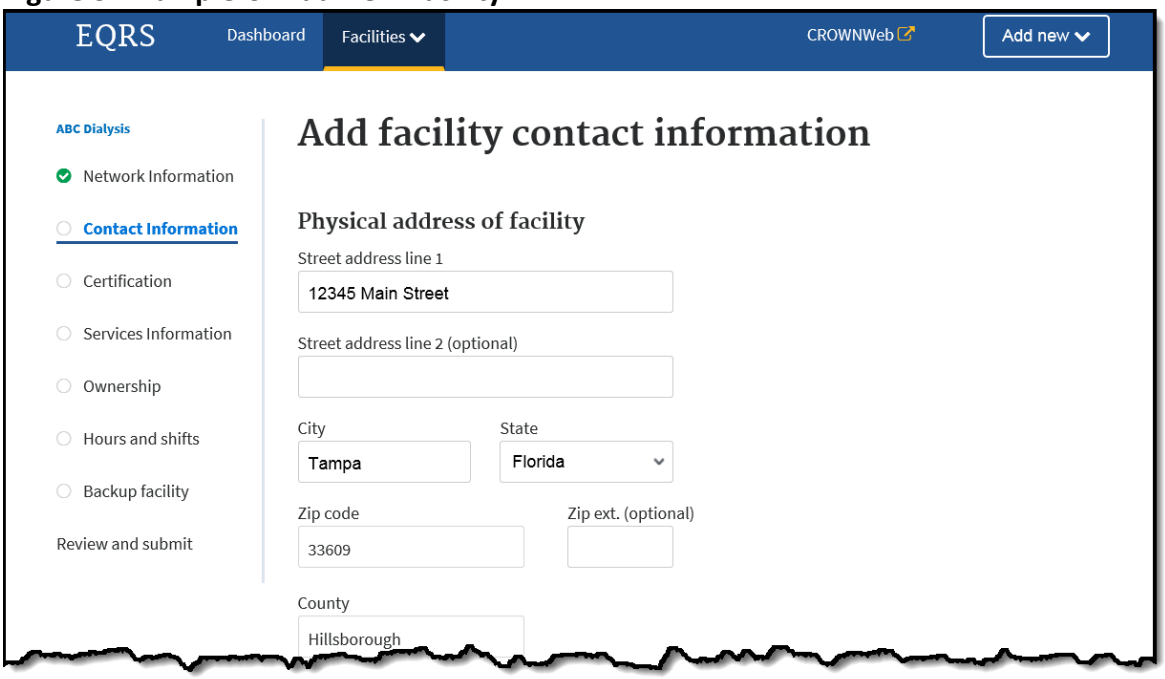
Figure 2: Example of Facility Summary



Monitor Saved Facilities

Key Points	• Tier 2 Data Managers are authorized to “Add” and “Save” new facilities and facility details in EQRS. • Tier 2 Data Managers monitor facility status to ensure that “Saved” facilities are updated with required information. • Users at facilities that are in a "Saved" status cannot submit either patient or facility data.
Frequency	Tier 2 Data Managers monitor facility data entry to ensure that all “Saved” facilities are submitted (fully processed) in EQRS by the 1st business day of each month.

Figure 3: Example of Add New Facility



Personnel

Review Personnel Information

Key Points	• EQRS allows Tier 1 and Tier 2 Data Managers to list key personnel at facilities within their scope. • Personnel entered will display on other screens, such as: Facility Attestation Treatment Summary CMS-2728 CMS-2746 • ESRD stakeholders utilize personnel data for various communication efforts. • Tier 1 Data Managers review Personnel Details to ensure that EQRS contains information on current staff members.
Frequency	Tier 1 Data Managers review the *Personnel Information* section at least quarterly.

Figure 4: Example of Personnel Details

Chapter 2

Data Measuring

Data Measuring

CMS is continuing to work to ensure that EQRS contains reports that support efforts to promote data relevancy through data measuring. During the November 2020 EQRS release, the system contained two reports and search capabilities that allow users to measure the length of time since last data entry and determine if specific submission requirements were met.

Chapter 3

Data Managing

Data Managing

The following 12 user tasks support efforts to promote accurate and timely data submissions through data managing:

Section	Task	Authorized Tier
Facilities	Add New Facility	Tier 2
	Submit Facility Attestations	Tier 1
	Update Facility Summary	Tier 1 and Tier 2
Patients	Admit and Discharge Patients	Tier 1 and Tier 2*
	Complete CMS-2728 and CMS-2746 Forms	Tier 1, Tier 2, Tier 3**
Personnel	Add Key Personnel	Tier 1 and Tier 2
Clinical	Manage Clinical	Tier 1
Action List	Resolve Action List Accretions	Tier 1, Tier 2, and Tier 3
Form 2744	Add New CMS-2744A Forms	Tier 1
	Add New CMS-2744B Forms	Tier 1 or Tier 2
	Accept/Reject/Finalize CMS-2744 Forms	Tier 2
	Add New CMS-2744A Form for Closed Facilities	Tier 1

*Tier 2 Data Managers are authorized to complete patient admissions and discharges, and update records for kidney transplantation and VHA centers.
**Tier 3 Data Managers are authorized to delete and modify CMS-2728 forms and to delete CMS-2746 forms.

This chapter provides further details about data managing and the timeframes for performing required tasks to support accurate and timely data submissions.

NOTE: An overview of the Tiers can be found in the "ESRD Systems Data Manager" section on Page 5

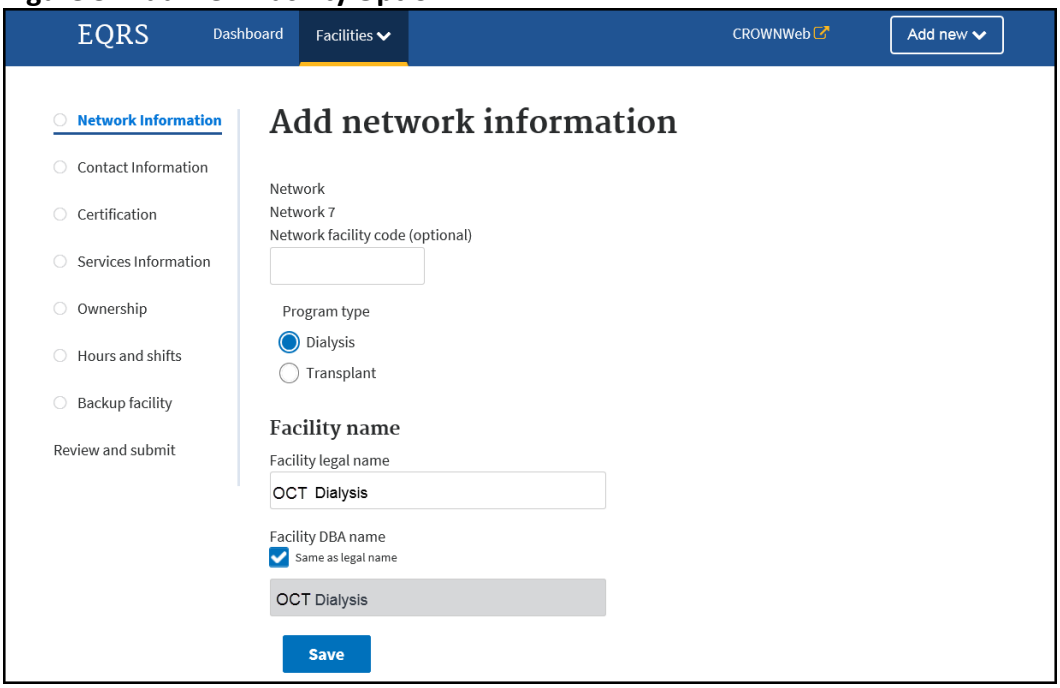
Facilities

Add New Facility in EQRS

Key Points	• The *Facility Summary* section in EQRS contains details regarding a facility's demographics, ownership, services, certifications, hours, and shifts.
	• EQRS allows Tier 2 Data Managers to add new dialysis and kidney transplantation facilities.
	• Pending CMS Certification Number (CCN):
	  ▪ EQRS is able to receive data from facilities with a pending certification status.
	  ▪ Tier 2 Data Managers shall enter pending facilities into EQRS.
	  ▪ Tier 2 Data Managers shall complete the required fields and select the Provider Use Type as "Pending Cert" in EQRS.
	  ▪ Tier 2 Data Managers shall leave the CCN blank in EQRS until the Division of Survey and Certification provides a CCN to the facility.
	  ▪ Tier 2 Data Managers shall then enter the CCN assigned to the facility by the Division of Survey and Certification and change the Provider Use Type to the appropriate facility type as indicated in the certification letter.
	• Tier 1 and Tier 2 Data Managers must work together to ensure that all necessary documents are obtaining to add a new facility in EQRS.

Frequency	Tier 2 Data Managers add dialysis and kidney transplantation facilities within 1 business day of receiving notification from a new facility.

Figure 5: Add New Facility Option



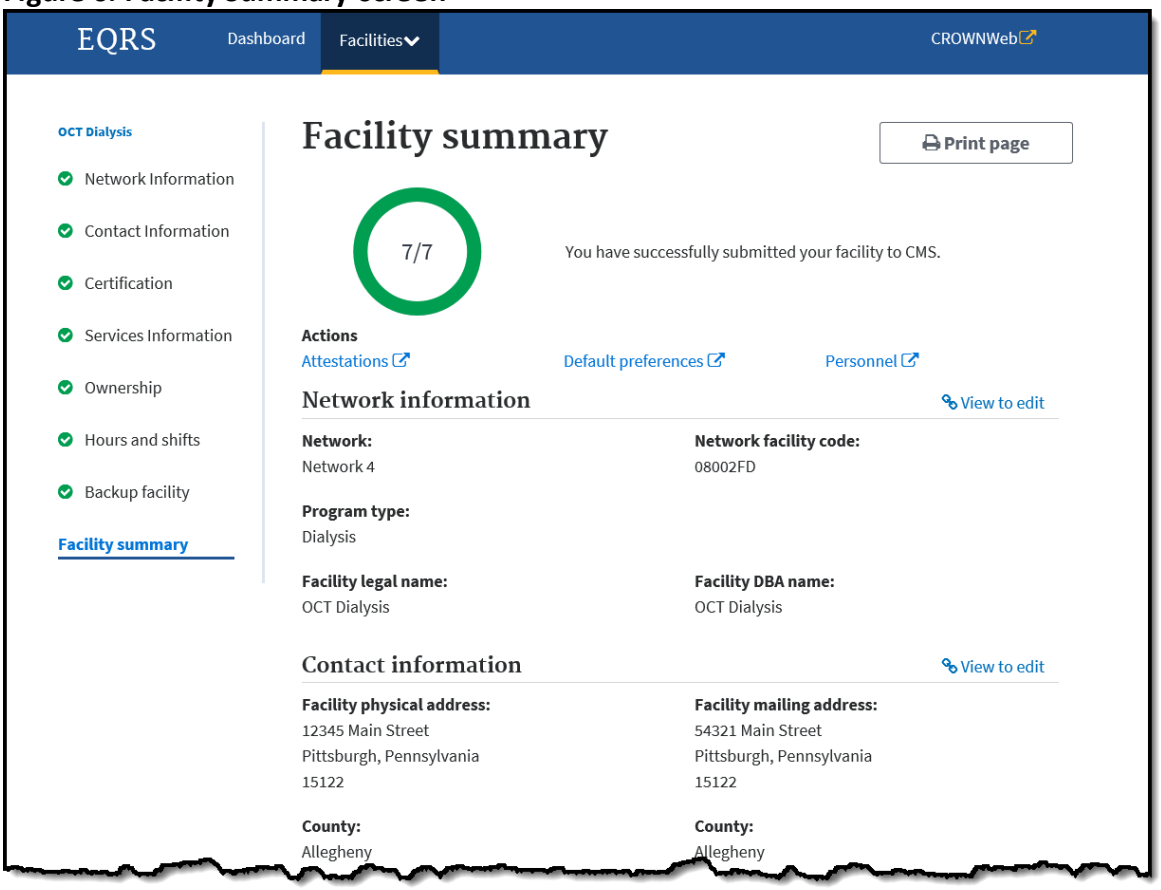
Submit Facility Attestations

Key Points	• Facility Attestations are used to support the ESRD QIP Program. • Tier 1 Data Managers manually enter or electronically upload data to the *Facility Attestation* section. • Tier 1 Data Managers support the ESRD QIP Program by working to ensure that accurate Facility Attestation data are reported by CMS-designated submission deadlines.
Frequency	Tier 1 Data Managers use EQRS to manage and support Facility Attestation submission requirements between January 1 and the end of the Attestation submission period for each year (as directed by the ESRD QIP Program Final Rule per Payment Year).

Update Facility Details

Key Points	• After facilities are added in EQRS, the system provides Tier 1 and Tier 2 Data Managers with the ability to update details for facilities that are within their scope. • Tier 1 Data Managers are able to update most fields; however, they must work with Tier 2 users to edit disabled fields. • Changes made to the *Facility Summary* section appear immediately in the system.
Frequency	Tier 1 and Tier 2 Data Managers review facility details for accuracy at least annually and apply necessary updates.

Figure 6: Facility Summary screen



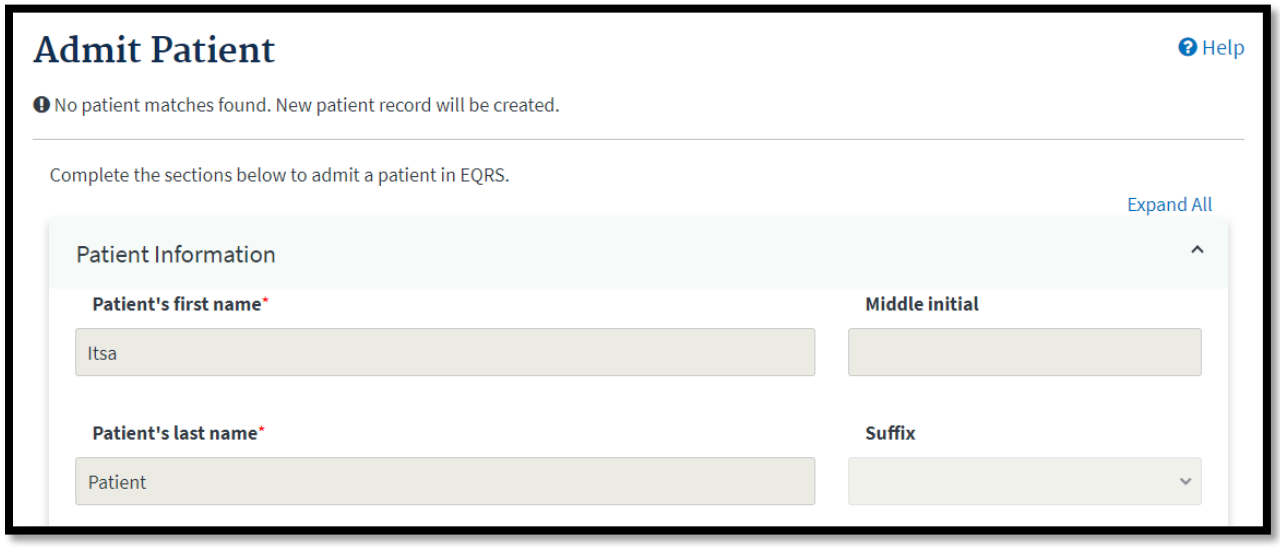
Patients

Admit and Discharge Patients

Key Points	• Chronic ESRD patients* dialyzing at outpatient dialysis facilities as a permanent patient must be admitted to a dialysis facility in EQRS. • Patients who receive a kidney transplant at a kidney transplantation center must be admitted to a kidney transplantation center in EQRS. • Tier 1 Data Managers admit and discharge ESRD patients to and from dialysis facilities within their scope. • Tier 2 Data Managers admit and discharge patients to and from kidney transplantation and VHA facilities within their scope. • See the Admit and Discharge Reasons on page 38 for more details.
Frequency	Tier 1 Data Managers admit and discharge patients to and from their respective dialysis facilities within 5 business days of first treatment and discharge within 5 business days of last treatment.
	Tier 2 Data Managers admit and discharge patients to and from their respective kidney transplantation and VHA facilities within two business days of notification and discharge within 2 business days of last treatment notification.

*Acute ESRD patients should not be entered into EQRS.

Figure 7: Admit Patient Option



Complete CMS-2728 and CMS-2746 Forms

Key Points	• The CMS-2728 ESRD Patient Medicare Entitlement and/or Patient Registration form serves as the Medicare enrollment and patient registry form for all renal and kidney transplant patients in the United States and U.S. territories. • CMS-2728 forms are completed and submitted directly to CMS in EQRS. The original signed CMS-2728 Form is provided to the Social Security Administration (SSA) if the patient is applying for ESRD Medicare benefits. • A CMS-2746 ESRD Death Notification form is completed when a patient expires. • Copies of the printed and signed CMS-2728 form and the printed CMS-2746 form are kept in the patient's medical record.
Frequency	Tier 1 Data Managers: • Submit Initial CMS-2728 forms within 10 business days of Date Patient Started Chronic Dialysis at Current Facility (field 25 of CMS-2728 form) for ESRD patients at dialysis facilities, but no later than 45 days. • Submit CMS-2746 forms within 14 days of the date of death.
	Tier 2 Data Managers: • Submit Initial CMS-2728 forms within 5 business days of notification. • Submit CMS-2746 forms for kidney transplantation and VHA facilities within 5 business days of notification of the date of death.
	Tier 3 Data Managers: • Support Tier 1 and Tier 2 Data Managers by deleting and/or modifying CMS-2728 forms within 10 business days of assignment to the Tier 3 Data Manager. • Support Tier 1 and Tier 2 Data Managers by deleting CMS-2746 forms within 5 business days of assignment to the Tier 3 Data Manager.

Personnel

Add/Edit Key Personnel

Key Points	• Key personnel, such as the facility medical director, facility nephrologist, facility nurse manager, primary facility contact, and anyone who signs patient forms must be entered into EQRS. • Personnel entered display on other screens, such as: Facility Attestation Treatment Summary CMS-2728 CMS-2746 • Tier 1 Data Managers review and "Inactivate Records" as needed. • ESRD stakeholders utilize personnel data for various communications and approvals.
Frequency	Tier 1 Data Managers add/edit key staff members on the *Personnel* screen of in-scope dialysis facilities within 5 business days of staff changes.
	Tier 2 Data Managers add/edit key staff members on the *Personnel* screen of in-scope kidney transplantation and VHA facilities within 5 business days of notification of staff changes.

Figure 2: Add/Edit Personnel Options.

Clinical

Manage Clinical

<table>
<tr><td>Key Points</td><td>

Clinical data collected for patients monthly in EQRS supports:

The CMS Quality Strategy
The ESRD QIP Program
The CMS Process Improvement Initiatives

Clinical data management includes:
<table>
<tr><td>Anemia Management</td><td>Infection</td></tr>
<tr><td>Dialysis Adequacy</td><td>Iron</td></tr>
<tr><td>Ultrafiltration</td><td>Fluid Weight</td></tr>
<tr><td>Medication Reconciliation</td><td>Hospitalization</td></tr>
<tr><td>Mineral Metabolism</td><td>Vaccination</td></tr>
<tr><td>Erythropoiesis-Stimulating Agents (ESA)</td><td></td></tr>
</table>
Tier 1 Data Managers report clinical data directly to CMS by either manually entering lab results and other clinical data into EQRS, or electronically through batch submission.
Tier 1 Data Managers report the last lab of the month for hemodialysis and peritoneal dialysis patients or indicate “Not Available” when applicable.
Tier 1 Data Managers report the vascular access type used for each patient during his or her last dialysis treatment during a Clinical Month.

</td></tr>
<tr><td>Frequency</td><td>Tier 1 Data Managers follow CMS’s Clinical Data Submission Schedule.</td></tr>
</table>

Clinical Depression Screening and Follow-Up Plan

Report Clinical Depression Screening and Follow-Up Plan

Key Points	• Facilities must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year. • Users can enter data during the entire assessment period and are given two months past the end of the assessment period to complete reporting. • After the submission deadline, the previous year's assessment period closes, and the reported value becomes read-only. • Assessment Period: January 1 – December 31
Frequency	Tier 1 Data Managers must report Clinical Depression Screening and Follow-Plan data within two months past the end of the assessment period (as directed by the ESRD QIP Program Final Rule per Payment Year).

Action List

Resolve Action List Accretions

Key Points

- EQRS communicates with various databases to receive Accretion alerts to support data reporting accuracy.
- Accretions are created when differences are identified between the two databases.
- Accretion Types:

REMIS Accretion	Identifies a patient who exists in another CMS database but is not assigned to a facility in EQRS.

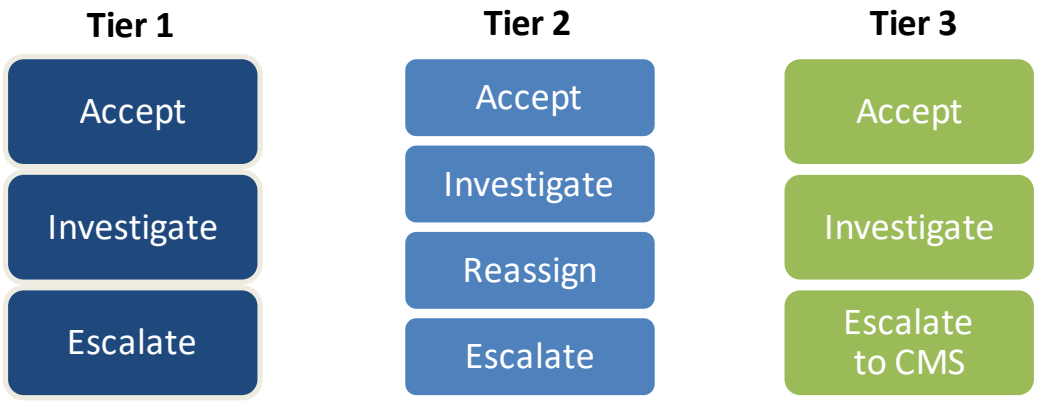
- Accretions are:
  - Assigned to Tier 1 Data Managers directly in EQRS or "Reassigned" by Tier 2 users.
  - Assigned to Tier 2 Data Managers directly in EQRS, "Reassigned" by another Tier 2 user, or "Escalated" by a Tier 1 user.
    - Tier 2 Data Managers are responsible for resolving Accretions for VHA, kidney transplantation, and closed facilities. Tier 2 Data Managers are responsible for reassigning or escalating out-of-scope patients or Gap patients.
  - Assigned to Tier 3 Data Managers directly in EQRS or "Escalated" by Tier 2 users to reconcile ESRD systems.

Frequency

All Data Managers use EQRS to resolve open Accretions.

Resolution Period	
15 Days	Newly generated or "Reassigned" Accretions
30 Days	"Under Investigation" and Accretions

Figure 9: Actions taken by Data Managers to Resolve Accretions



Form 2744

Add New CMS-2744A Forms (Dialysis Facilities)

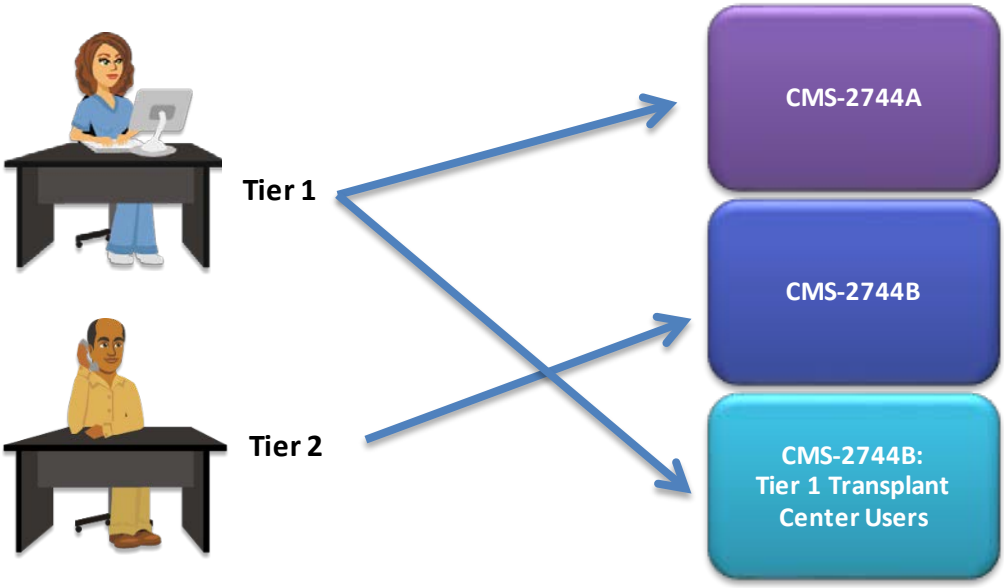
Key Points	• The CMS-2744 form is the annual ESRD Facility Survey designed to support data pertaining to: o Treatment trends o Utilization of services o Patterns of practice in treating ESRD patients • CMS-2744A forms are completed for dialysis facilities that capture facility, treatment, and staffing data for the survey year (January 1 – December 31). • All patient admissions and discharges and treatment information are entered in EQRS for the survey year.
Frequency	Tier 1 Data Managers complete CMS-2744A forms at the start of each year for the prior year and submit by the CMS due date.

Add New CMS-2744B Forms (Kidney Transplantation Facilities)

Key Points	• CMS-2744B forms are completed for kidney transplantation centers to capture data regarding patients' kidney transplant eligibility, the number of kidney transplants performed, and the number of patients awaiting kidney transplant during the survey year (January 1 –December 31). • Tier 1 Data Managers at kidney transplantation centers are authorized to complete CMS-2744B forms for facilities within their scope. * • Tier 2 Data Managers complete CMS-2744B forms for kidney transplantation centers that do not have EQRS access.
Frequency	Tier 1 and Tier 2 Data Managers complete CMS-2744B forms at the start of each year for the prior year and submit by the CMS due date.

*Tier 1 Data Managers at kidney transplantation centers have limited access in EQRS. However, they are authorized to complete the CMS-2744B form in EQRS.

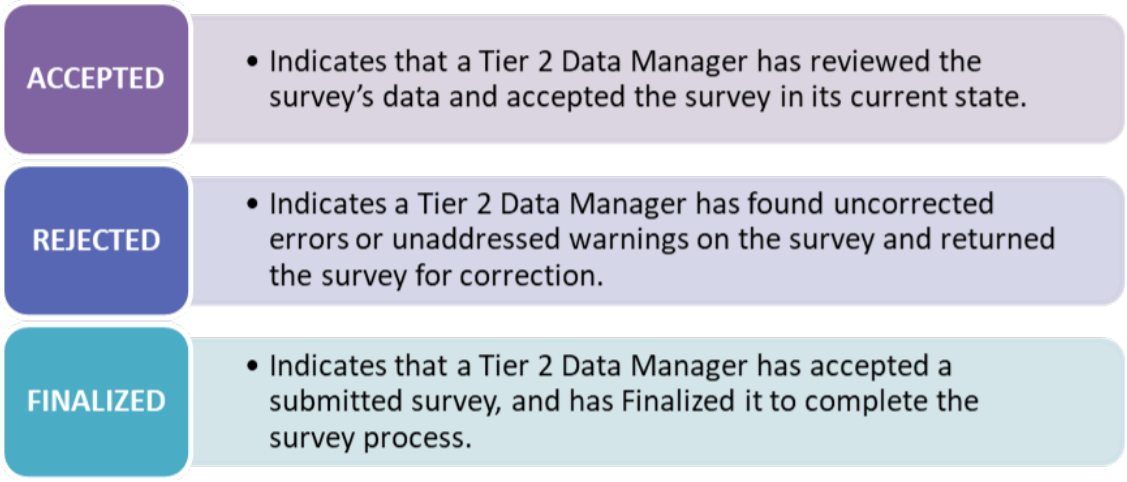
Figure 10: CMS-2744 Completion



Accept/Reject/Finalize CMS-2744 Forms

Key Points	• Tier 1 and Tier 2 Data Managers work together to complete CMS-2744 forms in EQRS once a year for each dialysis and kidney transplantation facility. • Users must resolve CMS-2744 errors before attempting to "Submit for Acceptance." The form is complete once it is "Finalized." • CMS-2744 forms are "Accepted" or "Rejected" and "Finalized" by Tier 2 Data Managers. • Tier 2 Data Managers attest that all facilities within their scope have completed the CMS-2744 forms by the CMS due date.
Frequency	Tier 2 Data Managers review, and "Accept" and "Finalize" or "Reject" CMS-2744 forms within 30 calendar days of the form being "Submitted for Acceptance" by a facility.

Figure 11: CMS-2744 Status Descriptions



Add New CMS-2744A Forms for Closed Facilities

Key Points	• A Tier 1 Data Manager may complete the CMS-2744A form if the facility is in the process of closing. • Tier 1 Data Managers ensure that all patient, patient admission and discharge, and treatment information are entered into EQRS before submitting a CMS-2744A form.
Frequency	Tier 1 Data Managers submit CMS-2744A forms for acceptance within 5 business days prior to closure of the facility.

Chapter 4

Tier 3 Data Management Support

Tier 3 Data Manager Role

Role Defined

Tier 3 Data Managers support **Data Monitoring**, **Data Measuring**, and **Data Managing** by using the ESRD Systems to acquire and report necessary data to CMS. Additionally, Tier 3 Data Managers provide support to Tier 1 and Tier 2 users by providing reports and other documentation that provide an overview of data entries.

Examples of Tier 3 data management support:

Data Monitoring

Tier 3 Data/Report	Frequency	Tier 1 and Tier 2 Usage
Near Match Error Reporting	Weekly	**Research and resolve data discrepancies in EQRS**
Missing Clinical Reporting	Weekly	**Research and resolve missing clinical data entries**
EDI Batch Error Analysis, Trending, and Resolution	Monthly	**Research and resolve batch submission errors with Tier 1**

Data Measuring

Tier 3 User Task	Frequency
Tier 3 Remedy Ticket Resolutions	Monthly
REMIS Alert Resolutions	Weekly
Clinical Compliance Reporting Metrics	Weekly

Data Managing

Tier 3 User Task	Frequency
2728 Form Deletion and Modification	10 business days after assignment to the Tier 3 Data Manager
2746 Form Deletion	5 business days after assignment to the Tier 3 Data Manager
Erroneous Patient Deletion	5 business days after assignment to the Tier 3 Data Manager
Acute Patient Maintenance	5 business days after assignment to the Tier 3 Data Manager
Patient Merge	10 business days after assignment to the Tier 3 Data Manager
Patient Unmerge	5 business days after assignment to the Tier 3 Data Manager
Reopen 2744 Forms	5 business days after assignment to the Tier 3 Data Manager

Appendixes

Admit and Discharge Reasons

Admit Reasons

Admit Reason	Definition
New ESRD Patient	The patient being admitted to the facility is new to ESRD with their information having never been entered at any other facility.
Transfer In	The patient being admitted to the facility is a transfer patient from another facility.
Restart	The patient being admitted to the facility had previously stopped dialysis treatment and is now resuming dialysis treatment.
Dialysis After Transplant Failed	The patient being admitted to the facility is being enrolled back into dialysis treatment after a failed kidney transplant.
Dialysis in Support of Transplant	The patient is temporarily receiving hemodialysis at a facility in support of a kidney transplant.

Discharge Reasons

Discharge Reason	Definition
Acute	The patient is not chronic ESRD and is not receiving a regular course of dialysis treatment.
Death	The patient's date of death.
Discontinue	The patient has discontinued dialysis treatment.
Involuntary	The patient was involuntarily discharged from the facility.
Lost to Follow Up	The patient has stopped arriving for scheduled treatments with no prior notification.
Other	The patient was discharged from the facility and plans to receive chronic dialysis in prison or another country.
Recover Function	The patient has recovered kidney function and no longer needs dialysis.
Transfer	The patient has transferred to another facility. Transfer Discharge Subcategory: • Dialysis Facility • Hospice • Hospital • Long Term Care Facility • Nursing Home • Rehab Center
Transplant in US	The patient was discharged from the facility to receive a transplant within the United States.
Transplant Outside US	The patient was discharged from the facility to receive a transplant outside the United States.

Patient Admit and Discharge Reason Rules

Discharges Allowed

		Discharge Reasons A=Allow N=Not Allow S=System Generated											
		Acute	Death	Discontinue	Lost to Follow Up	Recover Function	Involuntary	Other	Transplant in US	Transplant Outside US	Transfer	Transplant Failed	System Discharge
Admission Record Admit Reason	New ESRD Patient (Dialysis)	A	A	A	A	A	A	A	A	A	A	N	S
	New ESRD Patient (Transplant)	N	A	N	A	N	N	N	A	A	N	A	S
	Transfer In	N	A	A	A	A	A	A	A	A	A	N	S
	Restart	N	A	A	A	A	A	A	A	A	A	N	S
	Dialysis After Transplant Failed	N	A	A	A	A	A	A	A	A	A	N	S
	Dialysis in Support of Transplant	N	A	N	A	A	A	A	A	A	A	N	S
	Transplant	N	A	N	A	N	N	N	A	A	N	A	S

Previous Discharged – Next Admit Reason Allowed

Previous Admission Record Discharge Reason	Admission Reasons A=Allow N=Not Allow						
	New ESRD Patient (Dialysis)	New ESRD Patient (Transplant)	Transfer In	Restart	Dialysis After Transplant Failed	Dialysis in Support of Transplant	Transplant
Acute	A	A	N	N	N	N	N
Death	N	N	N	N	N	N	N
Discontinue	N	N	N	A	N	N	A
Lost to Follow Up	N	N	A	A	A	A	A
Recover Function	N	N	N	A	N	N	A
Involuntary	N	N	A	N	N	N	A
Other	N	N	A	A	N	N	A
Transplant in US	N	N	N	N	A	A	A
Transplant Outside US	N	N	N	N	A	A	A
Transfer	N	N	A	N	N	N	N
Transplant Failed	N	N	N	N	A	N	A
System Discharge	N	N	A	A	A	A	A

Previous Admission Record - Next Admission Record Admission Reasons

		Next Admission Record Admission Reasons A=Allow N=Not Allow						
		New ESRD Patient (Dialysis)	New ESRD Patient (Transplant)	Transfer In	Restart	Dialysis After Transplant Failed	Dialysis in Support of Transplant	Transplant
Previous Admission Record Admit Reason	New ESRD Patient (Dialysis)	N	N	A	A	N	N	A
	New ESRD Patient (Transplant)	N	N	N	N	A	A	A
	Transfer In	N	N	A	A	N	N	A
	Restart	N	N	A	A	N	N	A
	Dialysis After Transplant Failed	N	N	A	A	N	N	A
	Dialysis in Support of Transplant	N	N	N	N	A	A	A
	Transplant	N	N	N	N	A	A	A

Tier 1 Data Manager Task List

Category	Section	Task	Frequency
Data Monitoring	**Facility Dashboard**	Monitor Facility Dashboard	At least weekly
	Facilities	Monitor Facility Attestation	Between January 1 and the end of the Attestation submission period for each year
		Monitor Facility Summary	By December 31 of each year
	Personnel	Review Personnel	At least quarterly
Data Managing	**Facilities**	Submit Facility Attestations	Between January 1 and the end of February of each year
		Update Facility Summary	At least annually
	Patients	Admit and Discharge Patients	Admit within 5 business days of first treatment; Discharge within 5 business days of last treatment
		Complete CMS-2728 and CMS-2746 Forms	CMS-2728: within 10 business days of Date Regular Chronic Dialysis Began; no later than 45; CMS-2746: within 14 days of the date of death
	Personnel	Add Key Personnel	Within 5 business days of staff changes
	Clinical	Manage Clinical	Follow CMS's Clinical Data Submission Schedule
	Clinical Depression Screening and Follow-Up	Report Clinical Depression Screening and Follow-Up Plan	Report Clinical Depression Screening and Follow-Plan data within two months past the end of the assessment period
	Action List	Resolve Accretions	New or Reassigned: within 15 days of issuance; Under Investigation: within 30 days of issuance
	Form 2744	Add New CMS-2744A Forms	By CMS due date
		Add New CMS-2744B Forms	By CMS due date
		Add New CMS-2744A Forms for Closed Facilities	Within 5 business days prior to closure

Tier 2 Data Manager Task List

Category	Section	Task	Frequency
Data Monitoring	**Facility Dashboard**	Monitor Facility Dashboard	At least weekly
	Facilities	Monitor Facility Attestations	Weekly in January and February of each year
		Monitor Facility Summary	By December 31 of each year
		Monitor Saved Facilities	By 1st business day of each month
Data Managing	**Facilities**	Add New Facility in EQRS	Within 1 business day of receiving facility notification
		Update Facility Summary	At least annually
	Patients	Admit and Discharge Patients	Admit within 2 business days of notification; Discharge within 2 business days of last treatment notification
		Complete CMS-2728 and CMS-2746 Forms	CMS-2728: within 5 business days of notification; CMS-2746: within 5 business days of notification
	Personnel	Add Key Personnel	Within 5 days of notification of staff changes
	Action List	Resolve Accretions	New or Reassigned: within 15 days of issuance; Under Investigation: within 30 days of issuance
	Form 2744	Add New CMS-2744B Forms	By CMS due date
		Accept/Reject/Finalize CMS-2744 Forms	Within 30 calendar days of a form being "Submitted for Acceptance"

Tier 3 Data Manager Task List

Category	Section	Task	Frequency
Data Monitoring	**Facilities**	Monitor Facility Attestations	Weekly in January and February of each year
Data Managing	**Patients**	Delete or Modify CMS-2728 and Delete CMS-2746 Forms	CMS-2728: within 10 business days of notification; CMS-2746: within 5 business days of notification
	Action List	Resolve Accretions	New or Reassigned: within 15 days of issuance; Under Investigation: within 30 days of issuance