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## Access EQRS Training Materials

On November 9, 2020, the Centers for Medicare & Medicaid Services (CMS) will incorporate the roles and functionality of its legacy CROWNWeb system into the agency’s End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS). This rollout will introduce new steps users must follow to submit facilities’ administrative and patients’ treatment-related data directly to CMS.

Visit the [Education](#) page on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org) to access EQRS New User Training materials and system resources. These items include:

- [EQRS New User Training Recording and Slides](#)
- [EQRS Quick Start Guide \(Facility Editor\)](#)
- [ESRD Systems Data Management Guidelines](#)

## Admitting Patients in EQRS

EQRS uses six key identifiers when transferring a patient to your facility. These identifiers help ensure that the correct patient record is electronically moved from the previous facility to yours. The six key identifiers are:

First Name	Last Name
Date of Birth	Gender
Social Security Number	Medicare Beneficiary Identifier

If a user enters the data exactly as it is in EQRS, the system displays the message: “Patient match found. New admission record will be created for this patient.”

Users are directed to contact their ESRD Networks for assistance with admitting the patient if any of the six identifiers are entered incorrectly.

Access [EQRS New User Training materials](#) for further details on how to admit and discharge patients in EQRS.

# Submitting CMS-2728 Forms in EQRS

When using EQRS, users will experience a new look and feel, but a lot of the requirements that were mandatory in CROWNWeb remain in EQRS. For example, EQRS follows CMS's logic for completing CMS-2728 Forms for patients with ESRD. EQRS triggers forms to be completed, based on reported data. Types of CMS-2728 Forms:

<b>Initial</b>	<p>For all patients who initially receive a kidney transplant instead of a course of dialysis.</p> <p>For patients for whom a regular course of dialysis has been prescribed by a physician because they have reached that stage of renal impairment that a kidney transplant or regular course of dialysis is necessary to maintain life. The first date of a regular course of dialysis is the date this prescription is implemented whether as an inpatient of a hospital, an outpatient in a dialysis center or facility, or a home patient. The form should be completed for all patients in this category even if the patient dies within this time period.</p>
<b>Supplemental</b>	<p>Patient has received a transplant or trained for self-care dialysis within the first 3 months of the first date of dialysis and initial form was submitted.</p>
<b>Re-entitlement</b>	<p>For beneficiaries who have already been entitled to ESRD Medicare benefits and those benefits were terminated because their coverage stopped 3 years post-transplant but now are again applying for Medicare ESRD benefits because they returned to dialysis or received another kidney transplant.</p> <p>For beneficiaries who stopped dialysis for more than 12 months, have had their Medicare ESRD benefits terminated and now returned to dialysis or received a kidney transplant. These patients will be reapplying for Medicare ESRD benefits.</p>

Access the [CMS-2728 Instructions](#) on CMS.gov for additional information regarding field requirements.

Access [EQRS New User Training materials](#) on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org) for step-by-step instructions on how to complete a CMS-2728 Form in EQRS.

## Clinical Closures

Clinical closure dates apply to all Collection Types (Hemodialysis and Peritoneal Dialysis). Additionally, clinical data submissions apply to all submission methods.

Clinical Closure Date	
September 2020 Clinical Month	November 30, 2020 at 11:59 PM PT
October 2020 Clinical Month	January 4, 2021 at 11:59 PM PT
November 2020 Clinical Month	February 1, 2021 at 11:59 PM PT



For future newsletter suggestions or other questions, contact: [craft@MyCROWNWeb.org](mailto:craft@MyCROWNWeb.org)

*The information included as part of this newsletter is current as of the date of release.*

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