



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

June 2022 Town Hall Presentation Transcript

Speaker

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Jane Chaine: Hello and welcome, everyone. Thank you for joining today's Town Hall event. My name is Jane Chaine, and I am the Communications Director for the End Stage Renal Disease, or ESRD, Outreach, Communication, and Training Team, or EOCT. I will serve as your host for today's presentation.

Today's presentation is streaming audio through your computer through the GlobalMeet platform, so you do not need a telephone line to hear today's presentation. However, if you are having trouble hearing the streaming audio, or need to call in, please submit a message to the Ask a Question box on your screen, and you will be provided with a dial-in and access code number. Please note that there are limited number of phone lines available.

If your audio is breaking up, press the F5 key on your computer or click the Refresh button as demonstrated on this slide.

If you are hearing an echo, it is likely caused by having multiple browsers open for this event; look at the top of your browser tabs to make sure you only have one event open.

For today's presentation, the audio connections are muted to reduce background sounds. However, real-time interaction is encouraged. So, if you have a question, use the Ask a Question feature on your screen. When submitting a question, please submit your question to All Panelists. On occasion, there are questions that will require research beyond the scope of today's call, so, if your question does not get answered, please submit your question to the [QualityNet Q&A Tool](#), and your question will be answered within 10 business days.

I would like to remind everyone that the information presented today is for reference only and does not constitute Centers for Medicare & Medicaid Services guidance. The audience is encouraged to refer to the final rules that are published on the *Federal Register* [website](#). Also, today's event materials, including the recording and slides, will be available within 10 business days on the Events page on www.MyCROWNWeb.org. Again,

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today's materials will be made available within 10 business days on MyCROWNWeb.org.

Here is today's agenda. The first agenda item that will be covered are the ESRD Quality Reporting System, or better known as EQRS, announcements and reminders. I will follow-up with a discussion on the Ultrafiltration Rate, or UFR, ESRD Quality Incentive Program, or QIP, reporting measure and how to accurately report ultrafiltration, or UF, data in EQRS. The next topic that will be covered is general information and tips for completing the CMS-2728 Form, also known as the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration, and the CMS-2746 Form, also known as the ESRD Death Notification. The last topic that will be covered will be EQRS Frequently Asked Questions. Lastly, Matthew McDonough, one of our subject-matter experts on the line, will close the call by assisting with answering questions from the audience. At the end of the presentation, I will provide additional resources that you and your facility can reference for additional information related to the content covered in today's presentation.

Here is a list of acronyms that you will hear during today's presentation.

Let's jump into our first topic, EQRS announcements and reminders. This includes EQRS data submission deadlines and reporting requirements.

Let's go over the EQRS Data Submission Deadlines.

This chart displays the EQRS Clinical Data Submission Deadlines for the remainder of the 2022 calendar year. Please note that the April 2022 EQRS Clinical Data submission deadline is quickly approaching and, as specified on this chart, is Thursday, June 30, at 11:59 p.m. Pacific Time. As a reminder, EQRS opens for data submission on the first of the month and closes approximately two months after the end of the reporting month. I say approximately two months after the end of the reporting month because there are times that the last day of the month falls on a weekend or federal holiday, and in those cases, the clinical month closes at 11:59 p.m. Pacific Time on the following federal business day.

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EQRS Clinical Data is due monthly for all collection types, including hemodialysis and peritoneal dialysis and includes data entry for laboratory values, hospitalization and infection, some medication information, vascular access information, and more.

Now that the EQRS Clinical Data reporting and deadlines have been reviewed, let's review the deadline for EQRS Clinical Depression Screening and Follow-up reporting. EQRS Clinical Depression and Follow-Up reporting opens on the first of January and remains open through the duration of the entire year and up through the end of February of the following year. So, for instance, facilities could begin submitting Clinical Depression and Follow-up reporting for the 2022 assessment period in EQRS as early as January 2022 and will have until February 2023 to complete this reporting. Facilities are responsible for screening all eligible patients at least once during the calendar year and must report this information by the end of February. For more information on the Clinical Depression Screening and Follow-Up measure and/or facility and patient reporting exclusions, please refer to the ESRD Technical Measure Specifications document that is available from the CMS.gov website listed on this slide. Additionally, facilities can go to the Events page on www.MyCROWNWeb.org to view materials from the July 2021 Town Hall event which covered training to enter Clinical Depression Screening and Follow-up reporting in EQRS.

Let's transition to the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, or ICH CHAPS, facility attestation reporting. The ICH CAHPS attestation submission period occurs once during a calendar year and is typically open for submission during the first two months of the following year. For instance, the calendar year 2022 attestations will open for submission on January 1, 2023, and will remain open until the last day in February of 2023; therefore, facilities are given approximately two months to submit an attestation in EQRS. I want to note that most facilities do not need to complete an attestation because most facilities are not exempt from receiving a score on the ICH CAHPS measure and are required to administer the ICH CAHPS Survey.

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For more information on the ICH CAHPS Survey measure, including facility and/or patient exclusions, please refer to the ESRD Technical Measure Specifications available from the CMS.gov website listed on this slide. Additionally, facilities can go to the Events page on www.MyCROWNWeb.org to view materials from the July 2021 Town Hall event that covers training to submit a facility ICH CAHPS attestation in EQRS, as well as ICH CAHPS survey exclusion information.

Listed on this slide are additional resources you can reference for EQRS reporting requirements and information. These resources and more are available on the home page on www.MyCROWNWeb.org and can be found by using the search field that is located on the MyCROWNWeb website home page.

We will now transition to the next agenda topic, the ESRD QIP ultrafiltration rate, or UFR, reporting measure. In the next few minutes, I will provide an overview of this measure and the data elements that are required to be reported for this measure each month.

This next slide reviews details about the UFR measure and the purpose of this measure. CMS added UFR as a reporting measure to the Clinical Care domain of the ESRD QIP in payment year 2020. According to the ESRD Measures Manual, this measure is intended to help safeguard against the risks associated with high ultrafiltration rates or, in other words, rapid fluid removal. Please refer to the ESRD Measures Manual for detailed information about this measure and how it is calculated; there is a link to the ESRD Measures Manual at the end of this portion of the presentation as well as at the end of the presentation on the Resources slide. As mentioned before, the UFR measure is a reporting measure, and it is scored on the completeness of the data reported. The measure is intended to encourage facilities to monitor their patient's UFRs and to correctly report all required UFR data in EQRS on a monthly basis. The UFR measure is not a performance measure, so there is no performance threshold for this measure. Facilities are not scored on the UFR values themselves. Lastly, the UFR measure is not intended to give direction on a specified UFR value to achieve.

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Next, we will review the UFR reporting requirements, followed by how to report UFR data in EQRS. It is important to know that facilities are scored on the UFR measure based on the number of patient-months that the facility reports all required UFR data in EQRS. This includes reporting the required UFR data on each eligible, adult hemodialysis patient for all treatments that the patient received during the week of the monthly Kt/V lab draw. So, in other words, the UFR data only need to be reported in EQRS for treatments that the patient received during the week that their Kt/V lab was drawn. If your facility batch submits data, please follow the guidance provided by your organization, as this data may be automatically submitted electronically to EQRS.

This next slide breaks down the UFR data elements that are required to be reported in EQRS. This data should be entered every month on each eligible patient. Again, if your facility batch submits data, please follow the guidance provided by your organization. Many organizations have an automated system that electronically submits these data into EQRS. To successfully report the UFR data, all required data elements must be entered into EQRS on the Manage Clinical screen. This includes data entry in the Adequacy and Ultrafiltration sections on the Manage Clinical screen. The UFR data elements for the actual treatment day that the Kt/V lab was drawn must be entered in the Adequacy section and must include the Kt/V Date. This is the date that the patient's bloodwork was drawn, the patient's pre- and post-dialysis weight, the delivered minutes of hemodialysis for that session, and, lastly, the total number of dialysis sessions that the patient received during that clinical month. All other UFR data elements for the remaining treatments that the patient received during the week of the Kt/V lab draw must be entered in the Ultrafiltration section, which is the section directly below the Adequacy section on the Manage Clinical screen. The required data elements for the Ultrafiltration section include the hemodialysis session date, the pre- and post-dialysis weight, and, lastly, the delivered minutes of hemodialysis for that session.

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Listed on this slide are additional resources you can reference for UFR reporting requirements and information. The first resource listed is the ESRD QIP Technical Measure Specifications, which is available on the CMS.gov website listed on this slide. The second resource is the ESRD Measures Manual, also available on the CMS.gov website on this slide.

This next section will go into greater detail on how to enter ultrafiltration data into EQRS.

Once logged into EQRS, the first step for entering UFR data is to access the Manage Clinical screen. To do this, click on Patients in the blue navigation menu.

Next, click Manage Clinical in the sub-menu that displays.

The system refreshes and allows the ability to search for the patient. To complete the search, select Hemodialysis as the Collection Type. Next, select the clinical month. In this example, we are entering data for April 2022. Select the Search Patients button to find the patient's name from the Select Patient drop-down.

Once you have selected your patient on the Manage Clinical screen, scroll down to the Adequacy section. Hemodialysis patients must have adequacy data entered every month. As mentioned earlier, the UF data for the actual treatment day that the Kt/V lab was drawn is entered in this section. Be sure to complete all fields on this screen to report the required Kt/V and ultrafiltration data for that month.

Highlighted in red on this slide are the data fields that capture the UFR data elements within the Adequacy reporting section of the Manage Clinical screen. These data include the date of the Kt/V lab draw, the patient's pre- and post-dialysis weight, the Delivered Minutes of BUN Hemodialysis Session, and the total Number of Dialysis Sessions the patient completed during that Clinical Month.

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Moving down to the Ultrafiltration section. In this section, complete all the data fields on this screen for all remaining dialysis treatments that the patient received during the week that the Kt/V lab was drawn. To report the UF information, enter the ultrafiltration date, the patient's pre- and post-dialysis weight, and the amount of time in minutes that the patient received dialysis for that treatment. Click the Add button to save the UF data and to add additional sessions. The system will support as many entries as needed. Please note that the UF data do not need to be reported in EQRS for any other week besides the week of the Kt/V lab draw. Also, the reported UF data may not necessarily fall within the same clinical month. For example, the dialysis treatment that a patient receives on Monday may be in a different month than the next dialysis treatment the patient receives later on in the week.

Here, highlighted in red on this slide, are the ultrafiltration data entries that have been entered in the Ultrafiltration section of the Manage Clinical screen. Remember, the UF data for the day of the Kt/V lab draw are entered in the Adequacy section, and all other remaining treatments that the patient received during the week of the Kt/V lab draw are entered here, in the Ultrafiltration section. Be sure to complete all fields in this section with each entry. In this example, the ultrafiltration reporting has been completed for two treatments indicated by two separate data entries, which is typical considering most in-center hemodialysis patients receive three treatments a week.

In the next few slides, I will provide examples of how to enter UFR data into EQRS. This first example illustrates the UFR data reporting for a patient that dialyzes Monday, Wednesday, and Friday, with a monthly Kt/V lab draw on Monday. As displayed on this calendar, this patient's UF data for Monday, which is the day that the Kt/V lab was drawn, should be entered in the Adequacy section on the Manage Clinical screen. Then, the UF data from the Wednesday and Friday treatments should be entered in the Ultrafiltration section on the Manage Clinical screen.

In this second example, a patient receives treatment on Tuesday, Thursday and Saturday, and the Kt/V lab is drawn on Saturday.

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Enter the UF data for Saturday in the Adequacy section and then enter the UF data for the Tuesday and Thursday of that same week in the Ultrafiltration section.

This third example shows a patient that receives dialysis on only Tuesday during the week of the Kt/V lab draw. The patient does not receive any other dialysis treatments during this week, other than Tuesday. In this scenario, the patient's UF data for Tuesday must be entered in the Adequacy section and, since the patient did not receive any other treatments during the week, no other UF data entries are required. Again, these examples illustrate that the UF data do not need to be reported in EQRS for any other week besides the week that the Kt/V lab was drawn.

The next topic that we will transition to is the CMS-2728 and CMS 2746 Forms. For those of you new to EQRS or to the CMS forms, the CMS-2728 Form is the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration. It needs to be completed when the facility is admitting a new ESRD patient. The CMS 2746 Form is the ESRD Death Notification. It needs to be completed when an ESRD patient admitted to your facility passes away. In the following slides, I will provide more details about when to submit these forms. For step-by-step instructions to complete and submit these forms in EQRS, please refer to the EQRS New User Training video and slides that are available on the Education page on www.MyCROWNWeb.org. Scroll to the bottom of the Education page to access these training materials.

The CMS-2728 Form or the ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration will be discussed first. According to the instructions on the CMS-2728 Form, end stage renal disease is irreversible damage to a person's kidneys affecting his/her ability to remove or adjust blood wastes. To maintain life, he or she must receive dialysis or a kidney transplant. Having said that, please note that this form should not be completed for acute kidney patients that are dialyzing temporarily. It is recommended to start completing the CMS-2728 Form in EQRS as soon as possible or at least within 10 business days of the patient starting chronic dialysis at the facility.

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Regardless of the reason for submitting a 2728 Form, all 2728 Forms need to be completed with 45 days. Once the form is electronically completed in EQRS, it needs to be printed and signed by both the patient and attending physician or nephrologist. After the signatures have been obtained, the signature dates need to be entered into EQRS to submit the completed form in EQRS. Prior to submitting the form, facility staff should review all the information entered on the form to ensure that the information being submitted to CMS is correct. Once the form is reviewed and any discrepancies are corrected, then it should be electronically submitted in EQRS. In addition to submitting the form in EQRS, the completed and signed form should be mailed to the local Social Security Administration, or SSA, office for patients that are applying for ESRD Medicare Coverage or are receiving Medicare benefits. Submitting the form to the SSA office is an important step to ensure that Medicare benefits and facility reimbursements are processed. If you prefer to submit the 2728 form to the SSA office any other way besides mail, it is recommended that you contact them to find out the different ways the form can be submitted to them.

Displayed on this next slide is a screenshot of the CMS-2728 Form and where it can be downloaded and printed. This form contains instructions and detailed information about the fields on the form. However, please note, that this is not how the 2728 Form appears electronically in EQRS. Also, please take note of Section A at the top of the form. It may be difficult to see Section A clearly from this screenshot, but Section A contains the designated checkboxes for each 2728 Form type including an Initial 2728, a Re-entitlement 2728 and a Supplemental 2728 Form. A nice feature about EQRS is that the checkboxes designated for the types of CMS-2728 Forms will pre-populate based on the reason for submitting the form, and this is as long as the patient's admit reason and treatment information is correct in EQRS. Before we move on to the different reasons for submitting a CMS-2728 Form, there is a point of clarification regarding field 9, the race field on the 2728 form. When completing field 9, please be sure to select all races that apply.

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For patients of multiple races, please be sure to check each box for each race identified or reported by the patient. The response to field 9, the patient's race or races, should be answered based upon the patient's self-identification of their race or races.

This next slide lists the different types of CMS-2728 Forms. As mentioned earlier, the different CMS-2728 Forms include an Initial 2728, a Supplemental 2728, and a Re-entitlement 2728. Again, regardless of the reason for submitting the form, all 2728 Forms need to be completed in EQRS, signed by patient and the physician or nephrologist, and then electronically submitted to CMS via EQRS within 45 days. All CMS-2728 Form types must also be completed, signed, and submitted to the local SSA office for patients on Medicare or for patients applying for ESRD Medicare coverage. Please note, that even though a person may already be entitled to general Medicare coverage, they can re-apply for ESRD Medicare coverage, which is field 10 on the 2728 Form.

Outlined on this slide is a description for which patients need an Initial 2728 Form. Upon beginning the 2728 Form in EQRS, you will notice that the Initial Form type has been pre-selected in Section A. Most of you are probably aware that the majority of CMS 2728 Forms submitted are Initial CMS-2728 Forms, and this is because an Initial CMS-2728 Form needs to be submitted for any patient that has been prescribed, is chronically receiving dialysis treatments due to kidney impairment, and requires either a kidney transplant or regular dialysis to maintain life. Many users have questions about field 23 on the form. So, before we move on, I would like to briefly discuss this field. Field 23 is the field for the Date Regular Chronic Dialysis began. The Date Regular Chronic Dialysis began is the date of the patient's first dialysis treatment after the physician has determined the patient as having end stage renal disease and has written a prescription for a regular course of dialysis. The date is not dependent on a specific setting for which the patient's regular course of dialysis was initiated. This means that the date regular chronic dialysis began can apply to patients that have had their regular course of dialysis initiated in a hospital as an inpatient, at an outpatient dialysis facility, or in a home dialysis setting.

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In addition to the ESRD patients on dialysis, an Initial CMS-2728 Form also needs to be completed for patients that initially receive a kidney transplant instead of receiving dialysis. Lastly, please note that the form should be completed on time, even in the event of the patient's death.

Next, we will discuss the CMS-2728 Re-entitlement Form. Same as the Initial 2728, upon beginning a Re-entitlement 2728 form in EQRS, you will notice that the Re-entitlement form type has been pre-selected at the top of the form. EQRS will trigger a Re-entitlement CMS-2728 Form for two reasons, both of which are based on a timeframe related to the termination of ESRD Medicare benefits. One reason a Re-entitlement 2728 Form needs to be completed is this: Patients that were previously entitled to receive ESRD Medicare benefits had benefits terminated three years after receiving a transplant, and the patient is applying for ESRD Medicare benefits again because they are back on dialysis or have received another kidney transplant. There is another reason a Re-entitlement 2728 Form needs to be completed: Patients who stopped dialysis treatments for more than a year had their ESRD Medicare benefits terminated, are back on dialysis or have received a kidney transplant, and are reapplying for ESRD Medicare benefits.

The last CMS-2728 Form that will be reviewed is the Supplemental 2728. As mentioned before, upon beginning this form, EQRS will preselect the Supplemental form type at the top of the form. The Supplemental CMS-2728 Form needs to be completed for patients that have received a transplant or trained for self-care dialysis within the first three months of the first date of dialysis. That should be the date in field 23 of the patient's Initial CMS-2728 Form. Self-care training includes home dialysis and, although it is not as common, self-care training can also be in-center dialysis as well.

This flowchart displays the steps for successfully completing and submitting a patient's CMS-2728 form in EQRS. In the interest of time, I will not review these steps. This chart is for your reference.

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As a reminder, for step-by-step instructions with screenshots to complete the CMS-2728 Form, please refer to the EQRS New User Training video and slides. These are available on the Education page on www.MyCROWNWeb.org.

This last slide on the CMS-2728 Form provides tips to remember when completing the 2728 Form. The first tip is to review the form for accuracy before electronically submitting it in EQRS. You will want to spend a few minutes to do this because you may not have the ability to modify the form once it has been submitted. However, a request to modify the form can be submitted if it has been five business days or less since the form was submitted in EQRS or you need to modify field 23, which is the field for the Date Regular Chronic Dialysis Began. A request to modify field 23 can be submitted at any time, since this field can affect the patient's Medicare coverage. The second tip is to start completing the form as soon as possible. Although facilities are given 45 days to submit the 2728 Form, it is recommended that the form be completed and submitted as soon as possible. Also, if the completion of your form is delayed because you are unable to obtain the physician's signature, then you can request to have the physician sign the form and securely fax it back to the facility. Lastly, as mentioned earlier, the patient's signature is required on the CMS-2728; however, if you are unable to obtain the patient's signature, such as in the circumstance of the patient passing away, then the signature of a relative, a person assuming responsibility for the patient, or a survivor should be obtained in place of the patient's signature.

Now, let's switch gears and discuss the CMS-2746 Form or the ESRD Death Notification. The CMS-2746 Form is required to be completed and submitted in EQRS within 14 days of the patient's death. Like the 2728 Form, the 2746 Form needs to be reviewed to ensure that the information being submitted electronically in EQRS to CMS is correct. Lastly, it is the responsibility of the last dialysis facility or kidney transplant center where the patient was permanently admitted to complete the CMS-2746 Form.

Displayed on this slide is a screenshot of the CMS-2746 Form and where it can be downloaded and printed.

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Like the CMS-2728 Form, this form contains instructions and detailed information about the fields within the form. Please note, this is not how the CMS-2746 Form appears electronically when completing it in EQRS.

This flowchart displays the steps for successfully completing and submitting a patient's CMS-2746 Form in EQRS. In the interest of time, I will not review these steps. Rather, this slide is for your reference. As a reminder, for step-by-step instructions with screenshots to complete the CMS-2746 Form, please refer to the EQRS New User Training video and slides. These materials are available on the Education page on www.MyCROWNWeb.org.

Here, we have tips listed for completing the 2746 Form. The first tip is to review all CMS-2746 Forms for accuracy before electronically submitting it to EQRS. You will want to spend a few minutes to do this because you may not have the ability to modify the form once it has been submitted. Requests to modify the form can be submitted only if it has been five business days or less since the form was submitted in EQRS. This next tip is not so much a tip but is a reminder to please comply with the CMS deadline requirement for 2746 Forms. Facilities are required to complete and submit the CMS-2746 Form within two weeks of the patient's death. Lastly, to ensure that the information on the 2746 Form is valid, facilities need to verify the patient's cause of death. The most reliable source for the cause of death information is, of course, the patient's death certificate; however, if that is not available, the facility should defer to the next reliable source: the hospital or the physician's office.

Listed on this slide are additional resources you can reference for instructions on completing the CMS-2728 and 2746 Forms. As mentioned throughout the presentation, the EQRS New User Training contains instructions with screenshots to complete these forms. Additionally, the [EQRS Quick Start Guide](#) outlines the steps for completing these forms. It is a quick and easy reference for EQRS users. These resources and more are available on the [home](#) page on www.MyCROWNWeb.org. They can be found by using the search field, located on the MyCROWNWeb home page.

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Now, the last portion of today's presentation, answering EQRS FAQs.

This first question asks: How should I enter ultrafiltration data on patients in EQRS? This is a great question. First, it is important for EQRS users to know where to enter this data in the system. The fields for the ultrafiltration data are located on the Manage Clinical screen in the Adequacy and Ultrafiltration sections in EQRS. The UF data for the actual treatment day that the patient's Kt/V lab was drawn need to be entered in the Adequacy section. Then, the UF data for all remaining dialysis treatments that the patient received during the week of the Kt/V lab draw should be entered in the Ultrafiltration section. Please note that the UF data elements do not need to be reported in EQRS for any other week besides the week that the Kt/V lab was drawn.

This next question asks, "I am unable to obtain the patient's signature for the CMS-2728 Form because the patient has expired. What should I do?" Well, as stated in the CMS-2728 Form instructions, if the patient is unable to sign the form, then the form should be signed by a relative, a person assuming responsibility for the patient, or by a survivor. If the facility is unable to obtain a signature from any of these options, then the signature and signature date, fields 53 and 54, can be left blank if the facility has entered the patient's date of death and cause of death in EQRS. The patient's date of death and cause of death should be entered in the Medical Information section of the Patient screen in EQRS. EQRS will accept the 2728 Form without a patient's signature date, if the patient's date of death has been entered into EQRS, but please know that this is the only time a CMS-2728 Form can be submitted without the patient's signature and signature date. Facilities should also follow any guidance provided by their organization and local Social Security Administration office for completing CMS-2728 Forms for expired patients.

The next question asks, "Does the facility need to submit the completed CMS-2728 Form to the local SSA office, even if the patient is not applying for Medicare benefits?" The short answer is no.

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However, if the patient is on Medicare or is applying for ESRD Medicare coverage, then a completed copy of the form with the patient and doctor signatures needs to be submitted to the SSA office. This ensures that Medicare benefits or coverage and facility reimbursements are processed. The facility should submit the CMS-2728 Form to the SSA office once the form has been completed and submitted in EQRS.

The next question asks, “When do the CMS-2728 and CMS-2746 Forms need to be completed in EQRS?” Facility staff should start completing the 2728 Form as soon as possible and at least within 10 business days of the patient starting chronic dialysis at the facility. Then, the form must be submitted no later than 45 days of starting chronic dialysis at the facility. The CMS-2746 Form should be completed and submitted in EQRS within 14 days of the patient’s death.

This last question asks, “What should I do if I need to modify a CMS-2728 and/or CMS-2746 Form?” EQRS users can submit a request to modify a submitted 2728 or 2746 Form; however, the request must be made within five business days of submitting the form in EQRS.

However, there is one exception: That is a request to modify field 23 on the CMS-2728 Form. This is the field for the Date Regular Chronic Dialysis Began. A request to modify field 23 can be submitted at any time. This is because this information impacts patient coverage. Once a request to modify the form is submitted, you will be notified that your request has been resolved or denied. If you need assistance with modifying a CMS-2728 Form, version 2018 or newer, or for modifying a CMS-2746 Form, please contact your ESRD Network. The link on this slide can be used to find your ESRD Network contact information. Additionally, you can contact the Center for Clinical Standards and Quality, or the CCSQ, Service Center for assistance with modifying a CMS-2728 Form, version 2014 or older. The CCSQ Service Center can be reached by the number, email, or the CCSQ Support Central portal link listed on this slide. Aside from the form modification request, there is another instance when the CMS 2728 Form may need to be modified. That is if a patient has changed their initial decision to apply for Medicare, which is field 10 on the 2728 Form.

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In this scenario, the CMS-2728 Form submitted in EQRS does not require any adjustments, but the form should be re-printed and signed by the physician or nephrologist with the appropriate remarks and submitted to the local SSA office for their review. Please note that, even though a person may already be entitled to general Medicare coverage, they can re-apply for ESRD Medicare coverage. As a reminder, these instructions and more can be found on the CMS-2728 Form.

At this time, we will take the few remaining minutes to assist with any questions you have about today's presentation. I am now going to open the line to Mathew McDonough, one of our subject-matter experts, to assist with answering questions. So, let us go ahead and jump into the questions. Matt, I will now turn it over to you. [See question-and-answer summary document.]

Thank you, everyone. We truly appreciate you attending and sharing part of your day with us. As a reminder, today's event materials, including the recording and slides, will be available within 10 business days on the Events page on www.MyCROWNWeb.org. The following couple of slides provide additional resources should you need further assistance or have additional questions. The last slide contains a link to a very quick two-minute, post-event evaluation. So, please do stay on to complete this short evaluation.

Here you see a list of resources that will link you directly to additional information related to the ESRD QIP, the ESRD Measures Manual and Technical Specifications, HARP, and more. You will be able to access the links once you obtain a copy of these slides. Again, the materials from today's presentation will be available on the [Events](http://www.MyCROWNWeb.org) page from www.MyCROWNWeb.org within 10 business days.

Here is a list of resources discussed during today's presentation, including where to access today's presentation materials. This slide also contains important contact information. If you need assistance with EQRS technical issues, the CCSQ Service Center can assist you Monday through Friday, 8 a.m. through 8 p.m. Eastern Time.

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The ESRD QIP QualityNet Question & Answer Tool can be used to submit general EQRS and QIP related questions. Lastly, should you need assistance from your ESRD Network, use the link on this slide to find your ESRD Network's contact information. As a reminder, please complete the post-event evaluation that will appear on your screen momentarily. Thank you so much for your time. Have a great rest of your day!