

# June 2022 Town Hall



**Thursday, June 23, 2022**  
**2–3:00 p.m. Eastern Time (ET)**

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

# Streaming Audio

- **Audio for this event is available via GlobalMeet® Internet streaming.**
- **Connect via Chrome.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available.**
- **Please request a dial-in line via the Ask a Question box.**
- **This event is being recorded.**



# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

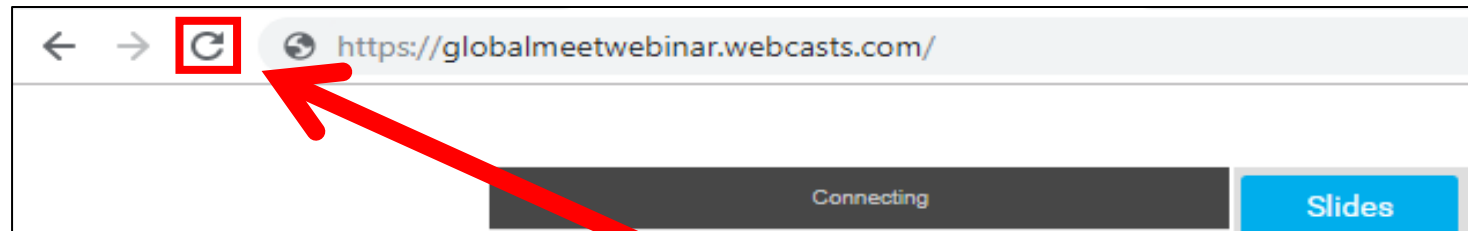
Click Refresh

– or –

Click F5



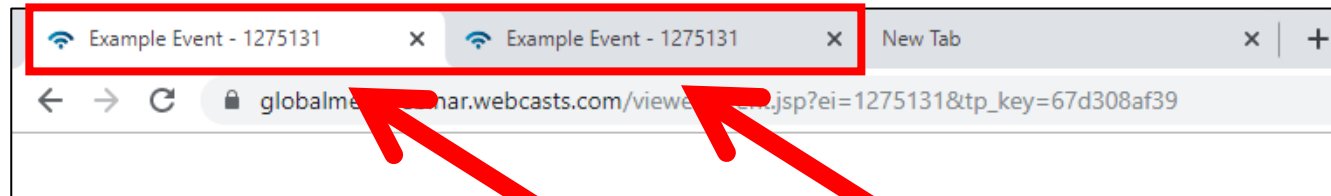
F5 Key  
Top Row of Keyboard



Refresh

# Troubleshooting Echo

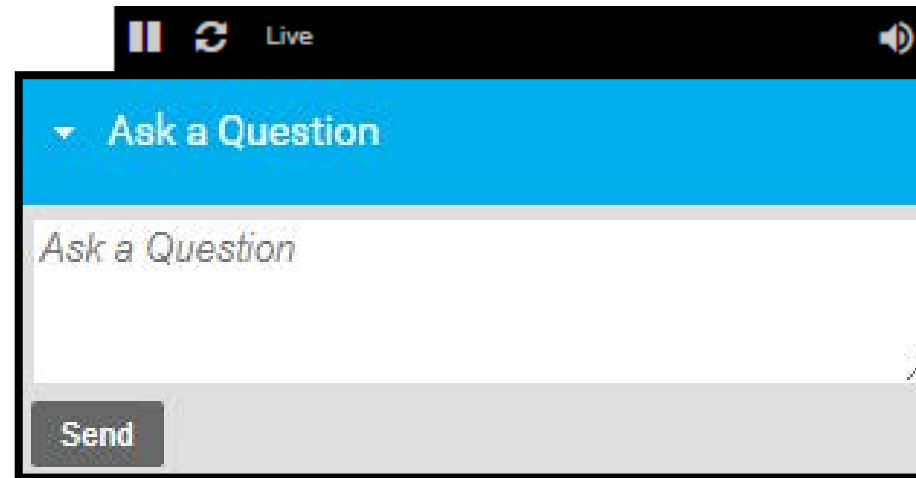
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.
- Computer speakers or headphones are necessary to listen to streaming audio.



Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type questions in the Ask a Question section.  
Send questions to All Panelists.

A screenshot of a live chat window. At the top, there is a black header bar with a pause icon, a refresh icon, the word "Live", and a speaker icon. Below this is a blue header bar with a dropdown arrow and the text "Ask a Question". The main area is a white text input field with the placeholder text "Ask a Question". At the bottom left of the input area is a grey "Send" button.

**Note:** Some questions may require additional research.  
Unanswered questions may be submitted to the [QualityNet Question and Answer \(Q&A\) Tool](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question)  
([https://cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question))

# About Today's Call

This information is offered as an informal reference and does not constitute official Centers for Medicare & Medicaid Services (CMS) guidance. CMS encourages stakeholders, advocates, and others to refer to the final rules located in the [\*Federal Register\*](#).

# Agenda

Topic	Speaker
ESRD Quality Reporting System (EQRS) Announcements and Reminders	<b>Jane Chaine, MSN, RN, CNN, RD</b> Communications Director, ESRD EOCT
Ultrafiltration Rate (UFR) Reporting Measure	<b>Jane Chaine, MSN, RN, CNN, RD</b>
UFR Reporting in EQRS	<b>Jane Chaine, MSN, RN, CNN, RD</b>
CMS-2728 and CMS-2746 Overview and Tips	<b>Jane Chaine, MSN, RN, CNN, RD</b>
Answering EQRS FAQs	<b>Jane Chaine, MSN, RN, CNN, RD</b>
Questions and Wrap-Up	<b>Matthew McDonough, MS</b> Project Director, EOCT

# Acronyms

<b>BUN</b>	blood urea nitrogen	<b>HCQIS</b>	Healthcare Quality Information System
<b>CCSQ</b>	Center for Clinical Standards and Quality	<b>ICH CAHPS</b>	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>Kt/V</b>	dialysis adequacy measure (K–dialyzer clearance of urea; t–dialysis time; and V–volume of distribution of urea)
<b>CY</b>	calendar year	<b>MIPPA</b>	The Medicare Improvements for Patients and Providers Act of 2008
<b>ECE</b>	Extraordinary Circumstances Exception	<b>NCC</b>	National Coordinating Center
<b>EOCT</b>	End-Stage Renal Disease Outreach, Communication, and Training	<b>PSR</b>	Performance Score Report
<b>EQRS</b>	End-Stage Renal Disease Quality Reporting System	<b>PT</b>	Pacific Time
<b>ESRD</b>	end-stage renal disease	<b>PY</b>	payment year
<b>ESRD QIP</b>	End-Stage Renal Disease Quality Incentive Program	<b>Q&amp;A</b>	question and answer
<b>ET</b>	Eastern Time	<b>SSA</b>	Social Security Administration
<b>FAQ</b>	frequently asked question	<b>UF</b>	ultrafiltration
<b>HARP</b>	Healthcare Quality Information System Access Roles and Profile	<b>UFR</b>	ultrafiltration rate





# **EQRS Announcements and Reminders**

# 2022 EQRS Data Submission Deadlines

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# EQRS Clinical Data Submission Deadlines

## 2022 Data Submission Schedule for EQRS Clinical Data

Reporting Month	Data Submission Deadline
April 2022	June 30, 2022, at 11:59 p.m. Pacific Time (PT)
May 2022	August 1, 2022, at 11:59 p.m. PT
June 2022	August 31, 2022, at 11:59 p.m. PT
July 2022	September 30, 2022, at 11:59 p.m. PT
August 2022	October 31, 2022, at 11:59 p.m. PT
September 2022	November 30, 2022, at 11:59 p.m. PT
October 2022	January 2, 2023, at 11:59 p.m. PT
November 2022	January 31, 2023, at 11:59 p.m. PT
December 2022	February 28, 2023, at 11:59 p.m. PT

# EQRS Clinical Depression Screening and Follow Up Submission Deadline

## 2022 EQRS Data Submission Schedule for Clinical Depression Screening and Follow Up

Assessment Period	Data Submission Deadline
January 1, 2022–December 31, 2022	February 28, 2023, at 11:59 p.m. PT

**Note:** For additional Clinical Depression Screening and Follow Up Reporting Measure information, refer to the [CY 2022 Technical Measure Specifications](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications) at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications).

# ICH CAHPS Attestation Submission Deadline

## 2022 EQRS Data Submission Schedule for In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation

Attestation Year	Data Submission Deadline
January 1, 2022–December 31, 2022	February 28, 2023, at 11:59 p.m. PT

**Note:** For additional information on the ICH CAHPS Survey Clinical Measure, refer to the [CY 2022 Technical Measure Specifications](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications) at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications).

# EQRS Data Reporting: Other Data Submissions

Additional information on EQRS data reporting requirements are available on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org):

- [EQRS Data Submission Stopwatch](#)
- [EQRS Data Management Guidelines](#)

# UFR Reporting Measure



# UFR Reporting Measure

CMS added the UFR Reporting Measure to ESRD Quality Incentive Program (QIP) in Payment Year (PY) 2020.

- The UFR measure **IS**:
  - A reporting measure.
  - **Scored on the completeness of the data that are reported.**
  - Intended to encourage facilities to **monitor** UFR and report UFR data in EQRS.
- The UFR measure **IS NOT**:
  - A performance measure. It does not have a performance threshold established.
  - Scored on the UFR values reported in EQRS.
  - Intended to give direction on specified UFR value(s), and it does not require a specified rate.



# UFR Reporting Measure (continued)

Facilities are required to report all data elements for UFR in EQRS for all hemodialysis sessions during the **week of the monthly Kt/V lab draw** for that clinical month on each eligible patient.

- Enter the UFR data elements **ONLY** for the treatments received during the week of the Kt/V lab draw.

# UFR Reporting Measure (continued)

## Required UFR Data Elements in EQRS

Location of Data Field within the Manage Clinical screen	Data Field
<p data-bbox="318 763 777 821"><b>*Adequacy Section</b></p> <p data-bbox="140 863 955 949">*Enter UFR data for the treatment day of the Kt/V lab draw in the <i>Adequacy</i> section.</p>	Kt/V Date
	Pre/Post Dialysis Weight
	Delivered Minutes of Blood Urea Nitrogen (BUN) Hemodialysis Session
	Total Number of Dialysis Sessions During the Clinical Month
<p data-bbox="280 1063 815 1120"><b>**Ultrafiltration Section</b></p> <p data-bbox="127 1120 980 1249">*Enter UFR data for all remaining treatments during the week of the Kt/V lab draw in the <i>Ultrafiltration</i> section.</p>	Session UF Date
	Session UF Pre/Post Dialysis Weight
	Session UF Delivered Minutes

# UFR Reporting Measure: Additional Resources

For additional information on the ESRD QIP UFR measure:

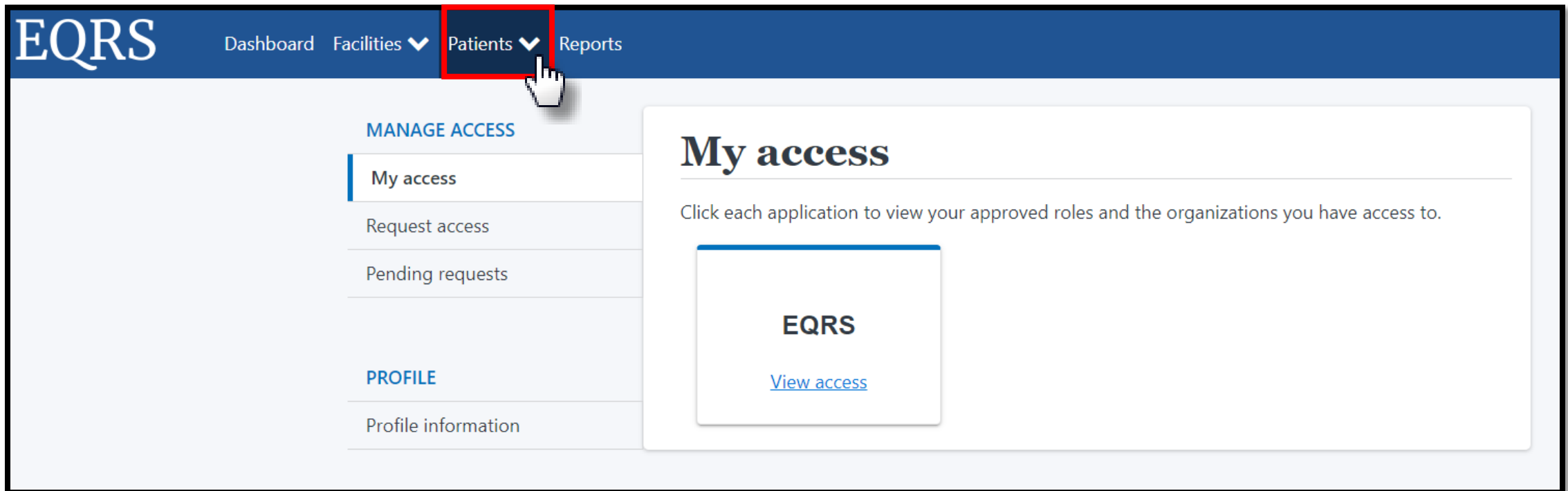
- ***ESRD QIP Technical Measure Specifications:***  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications)
  - The UFR measure is on **page 27** of the *ESRD QIP Calendar Year (CY) 2022 Technical Measure Specifications*.
- ***ESRD Measures Manual:***  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06\\_MeasuringQuality](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality)
  - The UFR measure is on **page 155** of the *ESRD Measures Manual v7.0*.



# UFR Reporting in EQRS

# Click Patients

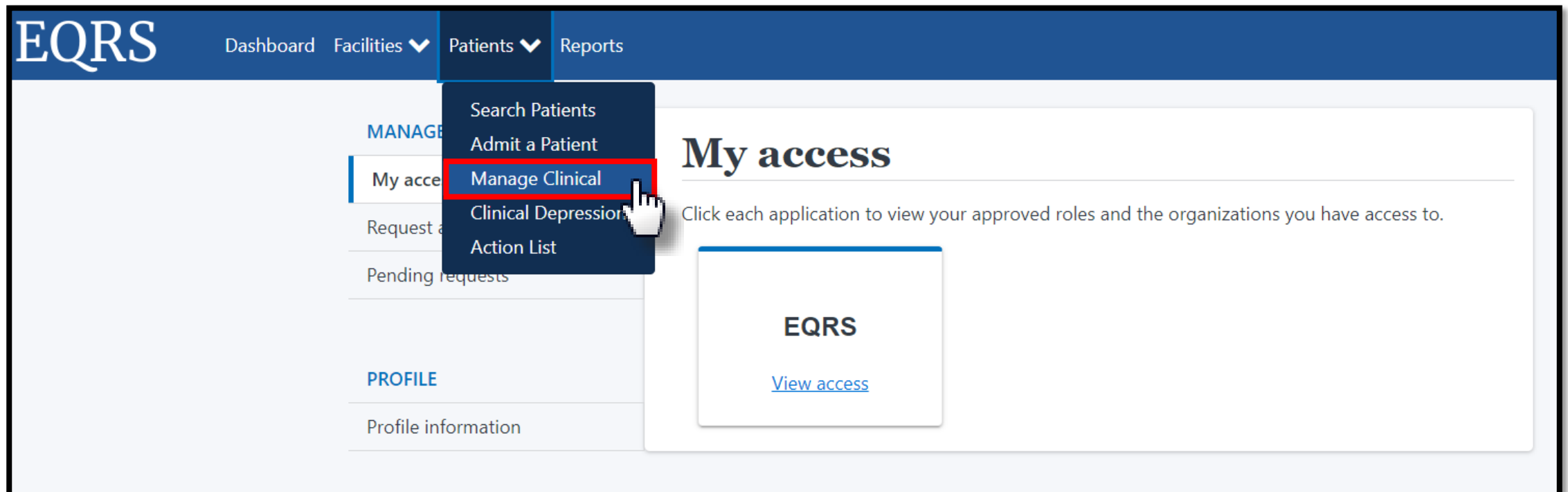
Click **Patients** in the navigation menu.



The screenshot shows the EQRS application interface. The top navigation bar is dark blue and contains the EQRS logo on the left and four menu items: Dashboard, Facilities, Patients, and Reports. The 'Patients' menu item is highlighted with a red rectangular box, and a mouse cursor is pointing at it. Below the navigation bar, the main content area is light gray. On the left side, there is a sidebar menu with two main sections: 'MANAGE ACCESS' and 'PROFILE'. Under 'MANAGE ACCESS', there are three items: 'My access', 'Request access', and 'Pending requests'. Under 'PROFILE', there is one item: 'Profile information'. On the right side, there is a white card titled 'My access' with a horizontal line below the title. Below the title, there is a paragraph of text: 'Click each application to view your approved roles and the organizations you have access to.' Below this text, there is a white box with a blue border containing the text 'EQRS' and a blue link labeled 'View access'.

# Click Manage Clinical

Click **Manage Clinical** in the Patients sub-menu.



The screenshot displays the EQRS web application interface. The top navigation bar includes the EQRS logo and menu items: Dashboard, Facilities, Patients, and Reports. The 'Patients' menu is expanded, showing a sub-menu with the following options: Search Patients, Admit a Patient, Manage Clinical (highlighted with a red box and a mouse cursor), Clinical Depression, and Action List. The main content area features a 'My access' section with the text 'Click each application to view your approved roles and the organizations you have access to.' Below this text is a card for 'EQRS' with a 'View access' link.

# Patient Search

- Select the search criteria for the desired patient.
- Click **Search Patients**.

The screenshot displays the 'Manage Patient Clinical Values' interface. At the top left, the title 'Manage Patient Clinical Values' is shown in a dark blue font, with a 'Help' link (a question mark icon followed by the word 'Help') in the top right corner. Below the title is a light blue informational banner with an 'Info' icon (a lowercase 'i' in a circle) and the text 'No clinical data for selected facility, patient, and clinical month.' Below this banner is a grey header for the 'Patient Search' section. The main search area contains the facility name 'ABC DIALYSIS' and four dropdown menus: 'Collection Type \*' (set to 'Hemodialysis'), 'Clinical Month \*' (set to 'April 2022 (Open)'), 'Last Name Group' (empty), and 'Patient Clinical Status' (empty). Below these is a 'Select Patient' dropdown menu showing 'One, Patient (3100008606)'. A blue button with a red border and the text 'Search Patients' is highlighted with a red box, and a mouse cursor is pointing at it.

# Scroll to Adequacy and Enter Data

- Scroll to the *Adequacy* section.
- **Enter** the UFR data for the treatment day of the Kt/V lab draw.
- Complete all data fields in the *Adequacy* section.

Adequacy	
Kt/V *	<input type="text"/>
Month	<input type="text" value="MM"/>
Day	<input type="text" value="DD"/>
Year	<input type="text" value="YYYY"/>
<input type="checkbox"/> N/A	
Kt/V Method	<input type="text"/>
Blood Urea Nitrogen (BUN) Pre-Dialysis (mg/dL) *	<input type="text"/>
BUN Post-Dialysis (mg/dL) *	<input type="text"/>
<input type="checkbox"/> N/A	
<input type="checkbox"/> N/A	
Pre-Dialysis Weight *	<input type="text"/>
Pre-Dialysis Weight Unit	<input type="text"/>
<input type="checkbox"/> N/A	
Post-Dialysis Weight *	<input type="text"/>
Post-Dialysis Weight Unit	<input type="text"/>
<input type="checkbox"/> N/A	
Delivered Minutes of BUN Hemodialysis Session *	<input type="text"/>
<input type="checkbox"/> N/A	
Height *	<input type="text"/>
Height Unit	<input type="text"/>
<input type="checkbox"/> N/A	
Serum Creatinine (mg/dL) *	<input type="text"/>
Month	<input type="text" value="MM"/>
Day	<input type="text" value="DD"/>
Year	<input type="text" value="YYYY"/>
<input type="checkbox"/> N/A	
Normalized Protein Catabolic Rate (nPCR) *	<input type="text"/>
Month	<input type="text" value="MM"/>
Day	<input type="text" value="DD"/>
Year	<input type="text" value="YYYY"/>
<input type="checkbox"/> N/A	
Total Number of Dialysis Sessions During the Clinical Month	<input type="text"/>



# Adequacy Section

The UFR specific data that is required for the UFR measure include the following:

- Kt/V Date
- Pre/Post Dialysis Weight
- Delivered Minutes of BUN Hemodialysis Session
- Total Number of Dialysis Sessions During the Clinical Month

Adequacy

Kt/V \*

Kt/V Method

Blood Urea Nitrogen (BUN) Pre-Dialysis (mg/dL) \*

BUN Post-Dialysis (mg/dL) \*

Pre-Dialysis Weight \*

Post-Dialysis Weight \*

Delivered Minutes of BUN Hemodialysis Session \*

Height \*

Serum Creatinine (mg/dL) \*

Normalized Protein Catabolic Rate (nPCR) \*

Total Number of Dialysis Sessions During the Clinical Month

Month  Day  Year   N/A

Pre-Dialysis Weight Unit   N/A

Post-Dialysis Weight Unit   N/A

Height Unit   N/A

Month  Day  Year   N/A

Month  Day  Year   N/A

# Scroll to Ultrafiltration and Add Data

- Scroll to the *Ultrafiltration* section.
- **Add** the required UFR data:
  - Session UF Date
  - Session UF Pre and Post Dialysis Weight
  - Session UF Delivered Minutes

The screenshot shows a web application window titled "Ultrafiltration". At the top right, there is a "Help" icon. Below the title bar is a table header with columns: "Session UF ID", "Session UF Date", "Session UF Pre-Dialysis Weight", "Session UF Post-Dialysis Weight", "Session UF Delivered Minutes", "Edit", and "Delete". The table body is empty, displaying "No Results Found".

Below the table, there are several input fields:

- Session UF ID:** A text input field with the placeholder text "Not Yet Assigned".
- Session UF Date:** Three input fields for "Month" (placeholder "MM"), "Day" (placeholder "DD"), and "Year" (placeholder "YYYY").
- Session UF Pre-Dialysis Weight:** A text input field and a dropdown menu.
- Session UF Post-Dialysis Weight:** A text input field and a dropdown menu.
- Session UF Delivered Minutes:** A text input field.

At the bottom of the form, there are three buttons: "Add" (highlighted with a red box and a mouse cursor), "Reset", and "Cancel".

# Add Ultrafiltration Data

- Complete ALL data fields in the *Ultrafiltration* section.
- Enter ONLY the UFR data for the treatments received **during the week of the Kt/V lab draw.**
- Enter the UFR data for all remaining treatments, other than the treatment day of the Kt/V lab draw.

Ultrafiltration Help

Session UF ID	Session UF Date	Session UF Pre-Dialysis Weight	Session UF Post-Dialysis Weight	Session UF Delivered Minutes	Edit	Delete
31000246961	04/06/2022	102.3 kg	99.7 kg	280		
31000246960	04/08/2022	102 kg	99.5 kg	280		

Session UF ID: Not Yet Assigned

Session UF Date

Month  Day  Year

Session UF Delivered Minutes

Session UF Pre-Dialysis Weight

Session UF Post-Dialysis Weight

# Add Ultrafiltration: Example One

**Example 1:** A patient receives treatment on Monday, Wednesday and Friday, and a Kt/V lab value is drawn on Monday.

Enter the UF data elements for Monday in the *Adequacy* section and the Wednesday and Friday UF data elements in the *Ultrafiltration* section on the *Manage Clinical* screen.

April 2022						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3 <b>Kt/V Lab Week</b>	4 <b>Kt/V lab draw</b> ; UFR data goes in Adequacy section	5	6 UFR data goes in Ultrafiltration section	7	8 UFR data goes in Ultrafiltration section	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

# Add Ultrafiltration: Example Two

**Example 2:** A patient receives treatment on Tuesday, Thursday and Saturday, and the Kt/V lab value is drawn on Saturday. Enter the UF data elements for Saturday in the *Adequacy* section. Enter the UF data elements for the Tuesday and Thursday preceding the Saturday that the Kt/V lab was drawn in the *Ultrafiltration* section on the *Manage Clinical* screen.

April 2022						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3 <b>Kt/V Lab Week</b>	4	5 UFR data goes in Ultrafiltration section	6	7 UFR data goes in Ultrafiltration section	8	9 Kt/V lab draw; UFR data goes in Adequacy section
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

# Add Ultrafiltration: Example Three

**Example 3:** A patient receives treatment on Tuesday and the Kt/V lab value is drawn on that Tuesday, but the patient does not receive any other treatments during the week.

Enter the UF data elements for that Tuesday in the *Adequacy* section on the *Mange Clinical* screen. No additional UF data elements are required since the patient only received treatment on Tuesday.

April 2022						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3 <b>Kt/V Lab Week</b>	4	5 Kt/V lab draw; UFR data goes in Adequacy section	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



# **CMS-2728 and CMS-2746 Overview and Tips**

# CMS-2728 Form Overview

The CMS-2728 Form is the **ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration** form. It is completed in EQRS. CMS-2728 Forms must be:

- Completed in EQRS within **45 days** of the patient starting on chronic dialysis at the facility
- Reviewed prior to submitting it in EQRS to ensure it does not contain any discrepancies
- Submitted to the local Social Security Administration (SSA) office to ensure that Medicare benefits and facility reimbursements are processed



# CMS-2728 Form

CMS-2728 Form instructions:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS008867>

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-0046

### END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

**A. COMPLETE FOR ALL ESRD PATIENTS** Check one:  Initial  Re-entitlement  Supplemental

1. Name (Last, First, Middle Initial)

2. Medicare Beneficiary Identifier or Social Security Number

3. Date of Birth (mm/dd/yyyy)

4. Patient Mailing Address (Include City, State and Zip)

5. Phone Number (including area code)

6. Sex  Male  Female

7. Ethnicity  Not Hispanic or Latino  Hispanic or Latino (Complete Item 9)

8. Country/Area of Origin or Ancestry

9. Race (Check all that apply)

White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or Other Pacific Islander\*  Other

10. Is patient applying for ESRD Medicare coverage?  Yes  No

Print Name of Enrolled/Principal Tribe

11. Current Medical Coverage (Check all that apply)

Medicaid  Medicare  Employer Group Health Insurance  VA  Medicare Advantage  Other  None

12. Height INCHES \_\_\_\_\_ OR CENTIMETERS \_\_\_\_\_

13. Dry Weight POUNDS \_\_\_\_\_ OR KILOGRAMS \_\_\_\_\_

14. Primary Cause of Renal Failure (Use code from back of form)

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

**Prior**  Unemployed  Employed Full Time  Employed Part Time  Homemaker  Retired due to Age/Preference  Retired (Disability)  Medical Leave of Absence  Student

**Current**  Unemployed  Employed Full Time  Employed Part Time  Homemaker  Retired due to Age/Preference  Retired (Disability)  Medical Leave of Absence  Student

16. Co-Morbid Conditions (Check all that apply currently and/or during last 10 years) \*See instructions

a.  Congestive heart failure n.  Malignant neoplasm, Cancer  
b.  Atherosclerotic heart disease ASHD o.  Toxic nephropathy  
c.  Other cardiac disease p.  Alcohol dependence  
d.  Cerebrovascular disease, CVA, TIA\* q.  Drug dependence\*  
e.  Peripheral vascular disease\* r.  Inability to ambulate  
f.  History of hypertension s.  Inability to transfer  
g.  Amputation t.  Needs assistance with daily activities  
h.  Diabetes, currently on insulin u.  Institutionalized  
i.  Diabetes, on oral medications  1. Assisted Living  
j.  Diabetes, without medications  2. Nursing Home  
k.  Diabetic retinopathy  3. Other Institution  
l.  Chronic obstructive pulmonary disease v.  Non-renal congenital abnormality  
m.  Tobacco use (current smoker) w.  None

17. Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent?  Yes  No  Unknown If Yes, answer:  <6 months  6-12 months  >12 months

b. Was patient under care of a nephrologist?  Yes  No  Unknown If Yes, answer:  <6 months  6-12 months  >12 months

c. Was patient under care of kidney dietitian?  Yes  No  Unknown If Yes, answer:  <6 months  6-12 months  >12 months

d. What access was used on first outpatient dialysis:  AVF  Graft  Catheter  Other

If not AVF, then: Is maturing AVF present?  Yes  No

Is maturing graft present?  Yes  No

18. Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode. (Lipid Profile within 1 Year of Most Recent ESRD Episode).

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a.1. Serum Albumin (g/dl)	_____	____/____/____	d. HbA1c	_____%	____/____/____
a.2. Serum Albumin Lower Limit	_____	____/____/____	e. Lipid Profile TC	_____	____/____/____
a.3. Lab Method Used (BCG or BCP)	_____	____/____/____	LDL	_____	____/____/____
b. Serum Creatinine (mg/dl)	_____	____/____/____	HDL	_____	____/____/____
c. Hemoglobin (g/dl)	_____	____/____/____	TG	_____	____/____/____

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

19. Name of Dialysis Facility \_\_\_\_\_

20. Medicare Provider Number (For Item 10) \_\_\_\_\_

# CMS-2728 Form Types

- There are three different types of CMS-2728 Forms:
  - Initial
  - Supplemental
  - Re-entitlement
- Each type of form must be completed in EQRS, printed for the physician and patient to sign, and submitted electronically in EQRS to CMS.
  - The original/hard copy of the signed CMS-2728 Form must be submitted to the local SSA office for patients on Medicare or for patients applying for ESRD Medicare.

# CMS-2728 Form: Initial

## Initial CMS-2728 Form

- 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 or an outpatient in a dialysis center or a home patient.
  - The form should be completed for all patients in this category even if the patient dies within this time period.
- For all patients who initially receive a kidney transplant instead of a course of dialysis

# CMS-2728 Form: Re-entitlement

## Re-entitlement CMS-2728 Form

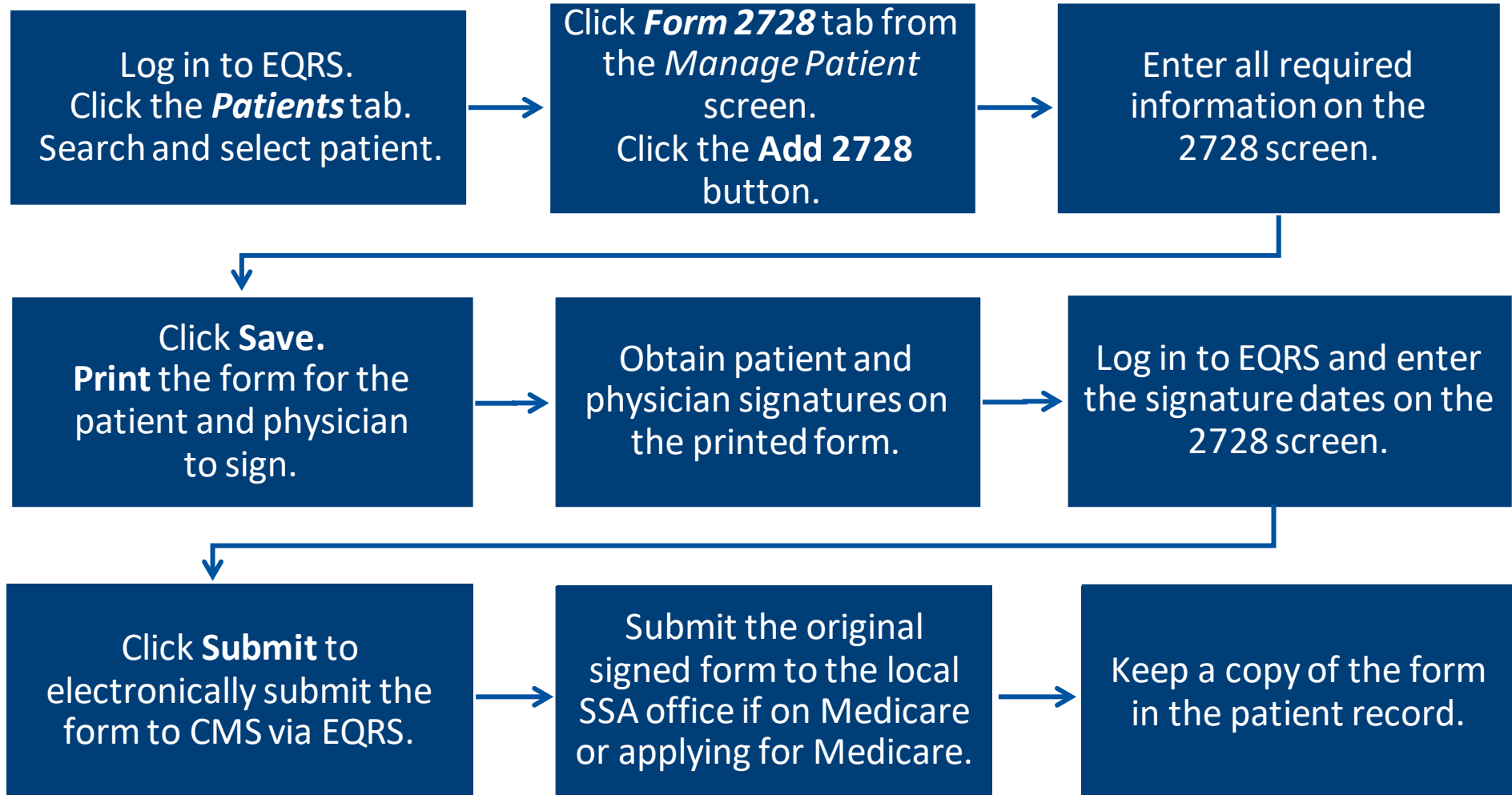
- For beneficiaries who have previously been entitled to ESRD Medicare benefits that were terminated 3 years post-transplant but **now are again applying for Medicare ESRD benefits** because of a return to dialysis or have received another kidney transplant
- For beneficiaries who stopped dialysis for more than 12 months, have had their prior Medicare ESRD benefits terminated, and now have returned to dialysis or received a kidney transplant
  - These patients will be **reapplying for Medicare ESRD benefits.**

# CMS-2728 Form: Supplemental

## **Supplemental CMS-2728 Form**

For patients that have received a transplant or trained for self-care dialysis within the first three months of the first date of dialysis on the Initial CMS-2728 Form that was submitted

# CMS-2728 Form: Steps for Completion



# CMS-2728 Form: Tips

- Review all CMS-2728 Forms for accuracy before electronically submitting via EQRS.
  - Submitted forms can only be modified if the request to modify the form is within **5 business days**.
  - Requests to modify **field #23** (*Date Regular Chronic Dialysis Began*) can be submitted at any time.
- Submit the CMS-2728 Form via EQRS no later than 45 days of the patient starting chronic dialysis.
  - A physician may sign and return via fax **if you are unable to obtain the physician's signature in person**.
- Obtain a relative's signature (or a person assuming responsibility for the patient, or by a survivor) on the CMS-2728 Form **if the patient is unable to sign the form**.

# CMS-2746 Form Overview

The CMS-2746 Form is the **ESRD Death Notification** form. It is completed in EQRS. CMS-2746 Forms must be:

- Completed in EQRS within **14 days** of the patient's death.
- Reviewed prior to submitting it in EQRS to ensure it does not contain any discrepancies.
- Completed by the dialysis facility last responsible for the patient's maintenance dialysis (or home dialysis).
- Completed by the transplant center, if the patient was a transplant patient.

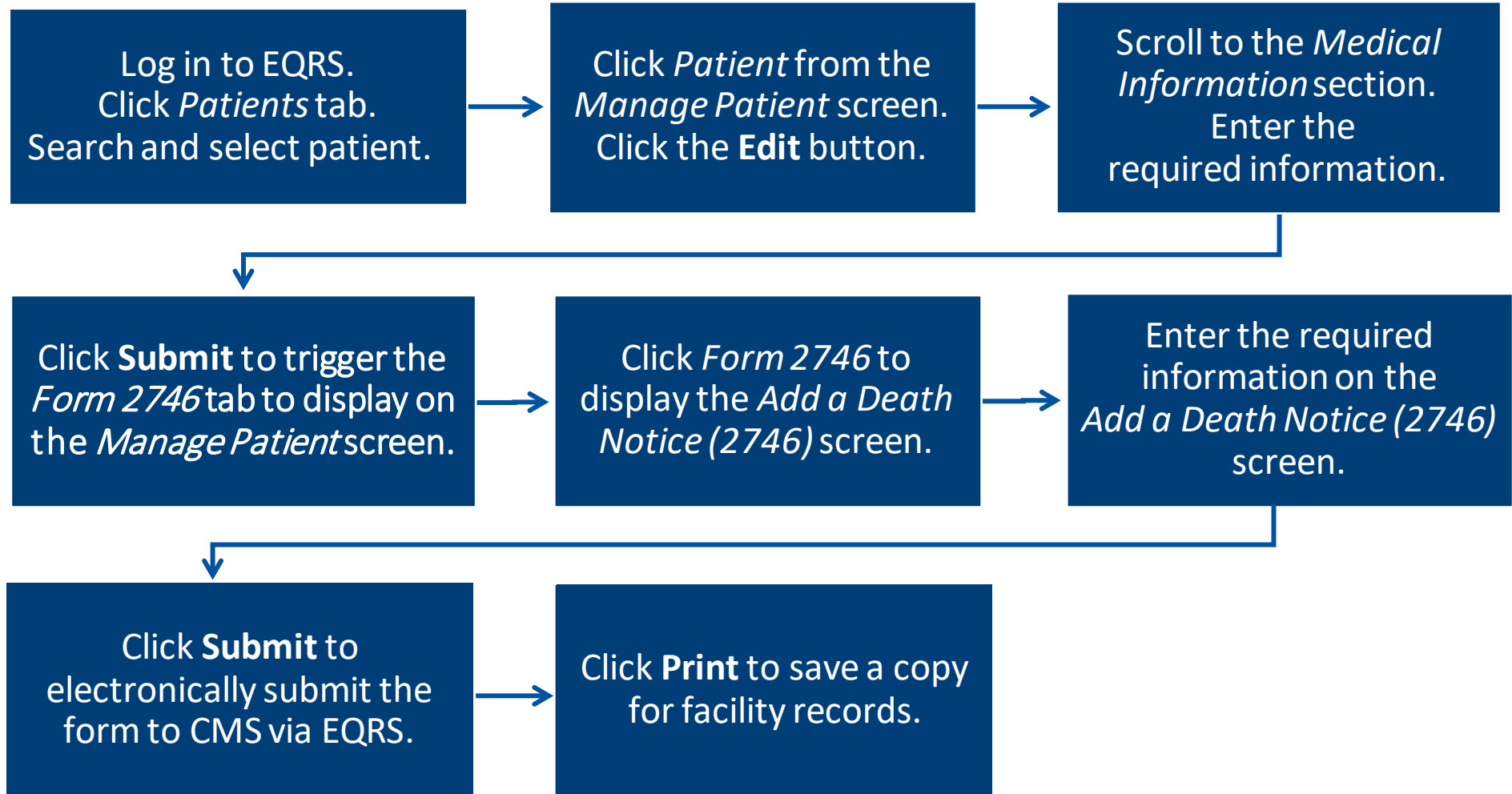


# CMS-2746 Form

CMS-2746 Form instructions:  
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS008869>

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		Form Approved OMB No. 0938-0448	
<b>ESRD DEATH NOTIFICATION END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM</b>			
1. Patient's Last Name		First	MI
2. Patient's Sex		a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female	
3. Date of Birth		4. Medicare Beneficiary Identifier or Social Security Number	
____ / ____ / ____			
Month Day Year			
5. Patient's State of Residence		6. Place of Death	
		a. <input type="checkbox"/> Hospital c. <input type="checkbox"/> Home e. <input type="checkbox"/> Other	
		b. <input type="checkbox"/> Dialysis Unit d. <input type="checkbox"/> Nursing Home f. <input type="checkbox"/> Unknown	
		7. Date of Death	
		____ / ____ / ____	
		Month Day Year	
8. Modality at Time of Death			
a. <input type="checkbox"/> Incenter Hemodialysis b. <input type="checkbox"/> Home Hemodialysis c. <input type="checkbox"/> CAPD d. <input type="checkbox"/> CCPD e. <input type="checkbox"/> Transplant f. <input type="checkbox"/> Other			
9. Provider Name and Address (Street)		10. Provider Number	
Provider Address (City/State)			
11. Causes of Death (enter codes from list on back of form)			
a. Primary Cause: ____			
b. Were there secondary causes?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes, specify: ____			
c. If cause is other (98) please specify: _____			
12. Renal replacement therapy discontinued prior to death: <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?	
If yes, check one of the following:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. <input type="checkbox"/> Following HD and/or PD access failure		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	
b. <input type="checkbox"/> Following transplant failure			
c. <input type="checkbox"/> Following chronic failure to thrive			
d. <input type="checkbox"/> Following acute medical complication			
e. <input type="checkbox"/> Other			
f. Date of last dialysis treatment ____ / ____ / ____			
Month Day Year			
14. If deceased ever received a transplant:		15. Was patient receiving Hospice care prior to death?	
a. Date of most recent transplant ____ / ____ / ____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
Month Day Year			
b. Type of transplant received			
<input type="checkbox"/> Living Related <input type="checkbox"/> Living Unrelated <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown			
c. Was graft functioning (patient not on dialysis) at time of death?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
d. Did transplant patient resume chronic maintenance dialysis prior to death?			

# CMS-2746 Form: Steps for Completion



# CMS-2746 Form: Tips

- Review all CMS-2746 Forms for accuracy before electronically submitting via EQRS.
  - Submitted forms can only be modified if the request to modify the form is within **5 business days**.
- Submit the CMS-2746 Form via EQRS no later than **14 days** of the patient's death.
- Contact the hospital or physician's office to find the cause of death, **if a death certificate cannot be obtained**.

# CMS 2728 and CMS-2746 Forms: Additional Resources

For additional instructions on completing CMS-2728 and CMS-2746 Forms:

- ***EQRS New User Training:*** <https://mycrownweb.org/education/>
  - Scroll to the bottom of the page to access the EQRS New User Training materials
- ***EQRS Quick Start Guide:*** [https://mycrownweb.org/wp-content/uploads/2020/10/EQRS-Facility-Editor-Quick-Start-Guide\\_2020.pdf](https://mycrownweb.org/wp-content/uploads/2020/10/EQRS-Facility-Editor-Quick-Start-Guide_2020.pdf)



# Answering EQRS FAQs

# Entering UFR Data

**Question:** How should I enter ultrafiltration data on patients in EQRS?

**Answer:** The UF data fields are located under the *Manage Clinical* screen in EQRS. On the *Manage Clinical* screen in the *Adequacy* section, enter the UF data elements for the actual treatment day that the Kt/V lab value was drawn. Next, in the *Ultrafiltration* section, enter the UF data elements for the remaining treatments received during the week that the Kt/V lab was drawn.

**UFR data elements do not need to be reported in EQRS for any other week besides the week of the Kt/V lab draw.**

# CMS-2728 Form

**Question:** I am unable to obtain the patient's signature for the CMS-2728 Form because the patient has expired. What should I do?

**Answer:** The CMS-2728 Form instructs that if the patient is unable to sign the form, it should be signed by a relative, a person assuming responsibility for the patient, or by a survivor. If you are unable to obtain a signature from one of the options above, you can leave the signature and date fields blank (fields 53 and 54). Enter the patient's date of death and cause of death in EQRS on the *Medical Information* section of the *Patient* screen, then submit the CMS-2728 Form without a signature date in EQRS. EQRS will accept the form without a patient signature date since there is a date of death entered in EQRS; this is the only time a CMS-2728 Form can be submitted without the patient's signature and signature date.

**Note:** In addition to the guidance above, please follow the guidance provided by your organization and your local SSA office for completing CMS-2728 Forms for expired patients.

# CMS-2728 Form

**Question:** Does the facility need to submit the completed CMS-2728 Form to the local SSA office, even if the patient is not applying for ESRD Medicare coverage?

**Answer:** No. A hard copy of the signed form only needs to be submitted to the local SSA office for patients on Medicare and for patients applying for ESRD Medicare benefits. Providing the completed form to the SSA office ensures that Medicare benefits and facility reimbursements are processed. This step should be completed once the patient and physician signatures have been obtained on the hard copy and all information is entered on the 2728 screen in EQRS, including the date of when the patient and physician signed the form.



# CMS-2728 and CMS-2746 Forms

**Question:** When do the CMS-2728 and CMS-2746 Forms need to be completed in EQRS?

**Answer:** The CMS-2728 Form **should be started within 10 business** days of the patient starting chronic dialysis at the facility and must be submitted **no later than 45 days**.

The CMS-2746 Form should be completed and submitted within **14 days of the patient's death**.

# CMS-2728 and CMS-2746 Forms

**Question:** What should I do if I need to modify a CMS-2728 and/or CMS-2746 Form?

**Answer:** Requests to modify CMS-2728 and CMS-2746 Forms will be considered if the request is made within **5 business days of submitting the form(s) in EQRS**. A request to modify **field 23 (*Date Regular Chronic Dialysis Began*)** on the CMS-2728 Form can be submitted at any time.

- For assistance with modifying a CMS-2728 Form version 2018 and newer or for modifying a CMS-2746 Form, contact your ESRD Network. Use this link to find your ESRD Network's contact information: <https://esrdncc.org/en/ESRD-network-map/>.
- For assistance with modifying a CMS-2728 Form version 2014 or older, contact the Center for Clinical Standards and Quality (CCSQ) Service Center. The CCSQ Service Center can be reached via phone at (866) 288-8912, email at [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov), or by going to [CCSQ Support Central](#).

# Questions and Wrap-Up

Matthew McDonough, MS, Project Director, EOCT

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- Type questions in the Q&A section, to the right of the screen.
- Send questions to All Panelists.

# Requesting Further Assistance

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# Resources

Resource	URL
CMS.gov: ESRD QIP Section	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html">www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html</a>
CMS ESRD Measures Manual	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality</a>
Technical Specifications for ESRD QIP Measures	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications</a>
QualityNet.cms.gov: ESRD QIP Section	<a href="https://qualitynet.cms.gov/esrd/esrdqip">https://qualitynet.cms.gov/esrd/esrdqip</a>
Extraordinary Circumstances Exceptions (ECE) Policy	<a href="https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5">https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5</a>
Guide to the PSR ESRD QIP UI Guide	<a href="https://qualitynet.cms.gov/esrd/esrdqip/reports">https://qualitynet.cms.gov/esrd/esrdqip/reports</a>
Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) Account Registration and EQRS Role Request Training	<a href="https://mycrownweb.org/harp-training/">https://mycrownweb.org/harp-training/</a>
Care Compare	<a href="https://www.medicare.gov/care-compare/">https://www.medicare.gov/care-compare/</a>
ESRD National Coordinating Center (NCC)	<a href="http://esrdncc.org">esrdncc.org</a>
Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)	<a href="http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf">www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf</a>

# For Additional Information and Questions...

## For additional information:

- Website: <http://www.MyCROWNWeb.org>
- Town Hall slide deck and recording: <https://MyCROWNWeb.org/events/>

## For questions:

- CCSQ Service Center:
  - Phone: (866) 288-8912
  - Email: [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov)
  - CCSQ Support Central:  
[https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central)
- EQRS & ESRD QIP Questions: [ESRD QIP QualityNet Q&A Tool](#)
- ESRD Network Directory: <https://esrdncc.org/en/ESRD-network-map/>

# Post-Event Evaluation

Please [click here](#) to complete a short post-event survey.

An evaluation will pop up in your browser when the session ends. Please follow the link to provide comments to suggest future Town Hall topics.

**Thank You**

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