



End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS) ESRD Outreach, Communication, and Training (EOCT)

EQRS June Town Hall Questions and Answers

Speaker

Jane Chaine, MSN, RN, CNN, RD
Communications Director, EOCT
Health Services Advisory Group (HSAG)

June 23, 2022

DISCLAIMER: This presentation question-and-answer (Q&A) summary document was current at the time of publication and/or website upload. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

This Q&A summary was modified to reflect the most up-to-date information pertaining to EQRS features and functions. As of the posting date, this document will not be updated any further. This document was modified for grammar. It answers provider questions submitted during the event. Subject-matter experts developed the responses during and after the event.

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

General Webinar Questions

Question 1: How can I obtain the slides from the June 23, 2022, Town Hall event?

The June Town Hall slides and recording are available on the Events page on the MyCROWNWeb website: <https://mycrownweb.org/events/>.

Ultrafiltration Rate (UFR) Questions

Question 2: If multiple Kt/V lab draws were done during the month, which Kt/V lab draw should be used when entering the UFR data for that month?

If a patient has multiple Kt/V values for the month, use the last Kt/V value for that month when entering UFR data in EQRS.

Question 3: Does a facility get penalized under the Quality Incentive Program (QIP) for not being able to enter UFR data on an eligible patient for the month because the Kt/V was not measured?

Yes. If a patient did not have Kt/V measured in the month, then the facility will have failed to report the required UFR data elements for that patient-month. This will contribute to a lower UFR reporting measure rate (as well as a lower Comprehensive Kt/V clinical measure rate) during the performance period, and having a lower rate for this measure can result in a lower total performance score (TPS). Having a lower TPS can potentially lead to a facility receiving a QIP payment reduction.

Question 4: Will a facility get penalized under QIP if they are unable to enter UFR data for any other treatment day besides the day of the Kt/V lab draw, due to a patient skipping treatments or being hospitalized?

No. As long as the facility reports the required UFR data elements for a measured Kt/V session, and there are no other treatments for that patient during the week of the Kt/V lab draw, then the facility will get full credit for that patient-month for the UFR reporting measure.

Question 5: Are facilities required to enter UFR data on all patients, including pediatric patients?

No. According to the calendar year [2022 ESRD QIP Technical Measure Specifications](#), there are four patient exclusions that apply to the UFR reporting measure. These include:

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

- Patients less than 18 years of age at the beginning of the reporting month.
- Patients not assigned to the facility for the entire reporting month.
- Patients not on in-center hemodialysis during the reporting month.
- Patients on ESRD Treatment (as defined by a completed CMS-2728 Form or an EQRS record, or a sufficient amount of dialysis reported on dialysis facility claims) for less than 90 days at the beginning of the reporting month.

CMS-2728 Form Questions

Question 6: What should a facility do if a patient expires before the CMS-2728 Form is completed?

Per the [CMS-2728 Form instructions](#), if the patient is unable to sign the CMS-2728 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. Enter the date and cause of death in the *Medical Information* section on the *Patient* screen in EQRS. EQRS will accept the CMS-2728 Form without the patient signature date field completed, if the patient's date of death has been entered in EQRS; 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 the local Social Security Administration (SSA) office for completing CMS-2728 Forms for expired patients.

Question 7: Do CMS-2728 Forms need to be completed for ESRD patients who have private insurance?

Yes. Per the [CMS-2728 Form instructions](#), an Initial CMS-2728 Form needs to be completed for any ESRD patient who has been prescribed and is chronically receiving dialysis treatments due to kidney impairment and requires either a kidney transplant or regular dialysis to maintain life.

Although the CMS-2728 Form is used to apply for and receive ESRD Medicare benefits, it is also for the ESRD patient registry. Therefore, an Initial CMS-2728 Form must be completed for all ESRD patients receiving a regular course of dialysis (on dialysis chronically), regardless of insurance status. This form should not be completed for acute kidney injury (AKI) patients who are on dialysis temporarily.

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

Question 8: Why am I unable to access an old CMS-2728 Form in EQRS?

Older versions of the CMS-2728 Form may not be accessible or only limited information can be viewed in EQRS. Please contact your local ESRD Network for assistance with researching patient records in EQRS. Use this link to find your ESRD Network's contact information: <https://esrdncc.org/en/ESRD-network-map/>.

Question 9: Do CMS-2728 Forms need to be submitted to the local SSA office?

Yes. Once the form has been completed and submitted in EQRS, it should be sent to the local SSA office for Medicare patients and patients applying for ESRD Medicare benefits. Submitting the form to the SSA office ensures that Medicare benefits or coverage and facility reimbursements are processed. For additional guidance on submitting CMS-2728 Forms, follow the guidance provided by your organization and/or contact your local SSA office.

Question 10: Why is a patient listed as needing a CMS-2728 Form on the *Dashboard* in EQRS when it has already been completed?

There are multiple reasons why a patient may display on the *Dashboard* as needing a CMS-2728 Form when it has already been completed. Contact your local ESRD Network for assistance. Use this link to find your ESRD Network's contact information: <https://esrdncc.org/en/ESRD-network-map/>.

Question 11: Is the AKI date considered to be the Date Regular Chronic Dialysis Began (field 23) when a patient is eventually determined as having ESRD and requires chronic dialysis?

Per the [CMS-2728 Form instructions](#), 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. Please consult the attending physician/nephrologist if you are unsure of what date to use for the Date Regular Chronic Dialysis Began.

Question 12: What should a facility do if a patient refuses to sign a CMS-2728 Form and does not want their information shared?

With the assistance of the facility social worker and/or a trusted member of the interdisciplinary team, multiple attempts (within reason) to explain the importance of the CMS-2728 Form should be provided to the patient. The CMS-2728 Form supports the following important functions:

- Helps establish ESRD Medicare benefits
- Ensures facility reimbursement for services provided

End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS)

ESRD Outreach, Communication, and Training (EOCT)

- Supports patient registry data collection

The facility should document their efforts to obtain any missing information, including a patient's signature. The facility can also contact the ESRD Network for guidance and/or assistance. Use this link to find your ESRD Network's contact information: <https://esrdncc.org/en/ESRD-network-map/>.

CMS-2746 Form Questions

Question 13: What if the facility is unable to obtain the death certificate to complete the CMS-2746 Form?

If a facility is unable to obtain a death certificate, then the facility should contact the hospital, or patient's physician or next reliable source to find out the patient's cause of death. The CMS-2746 Form should be submitted to CMS via EQRS with 14 days of the patient's death or immediately upon notification of the patient's cause of death.

Question 14: Who is responsible for completing the CMS-2746 Form?

The last dialysis facility or kidney transplant center where the patient was permanently admitted is responsible for completing the CMS-2746 Form.