EQRS New User Training

With ESRD Outreach, Communication, and Training (EOCT)

End Stage Renal Disease Quality Reporting System

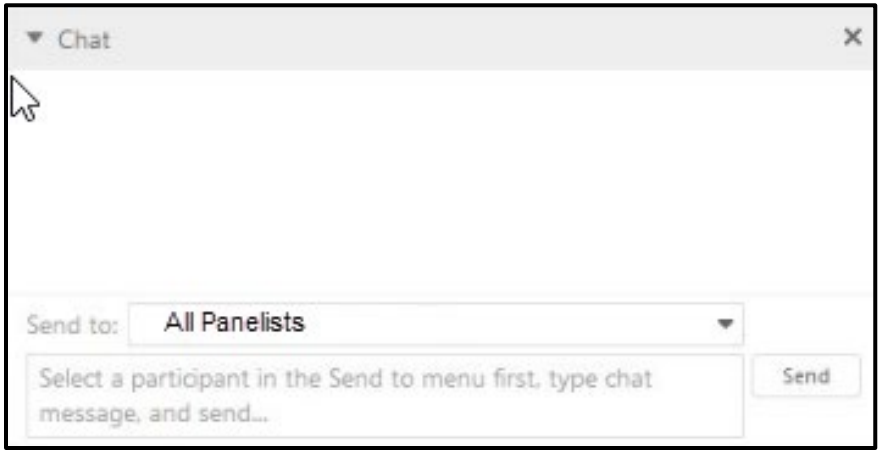
Today's Trainer

ESRD Outreach, Communication, and Training Team

Jane Chaine, MSN, RN, CNN, RD
Communications Director

Submitting Questions

Type your questions to "All Panelists" in the Chat window.



Note: Some questions may require additional research.
Unanswered questions may be submitted to ***QualityNet Question and Answer Tool***.

Our Agenda Today

- Manage Access
- Facility Dashboard Overview
- Set Default Preferences
- Add Facility Personnel
- Admit a Patient
- View and Edit Patient Details
- Submit an Initial CMS-2728 Form
- Add Treatment Information
- Add Vaccination Information
- Enter Clinical Information
- Enter Clinical Depression Data
- Discharge a Patient
- Complete a CMS-2746 Form
- Resolve Accretions
- Resources and Evaluation

How We'll Do Things Today

Each lesson is divided into two parts:

- Part 1 – Background information
- Part 2 – Demonstration

Note:
Data used in this presentation is fictitious.
Content subject to change.

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Manage Access

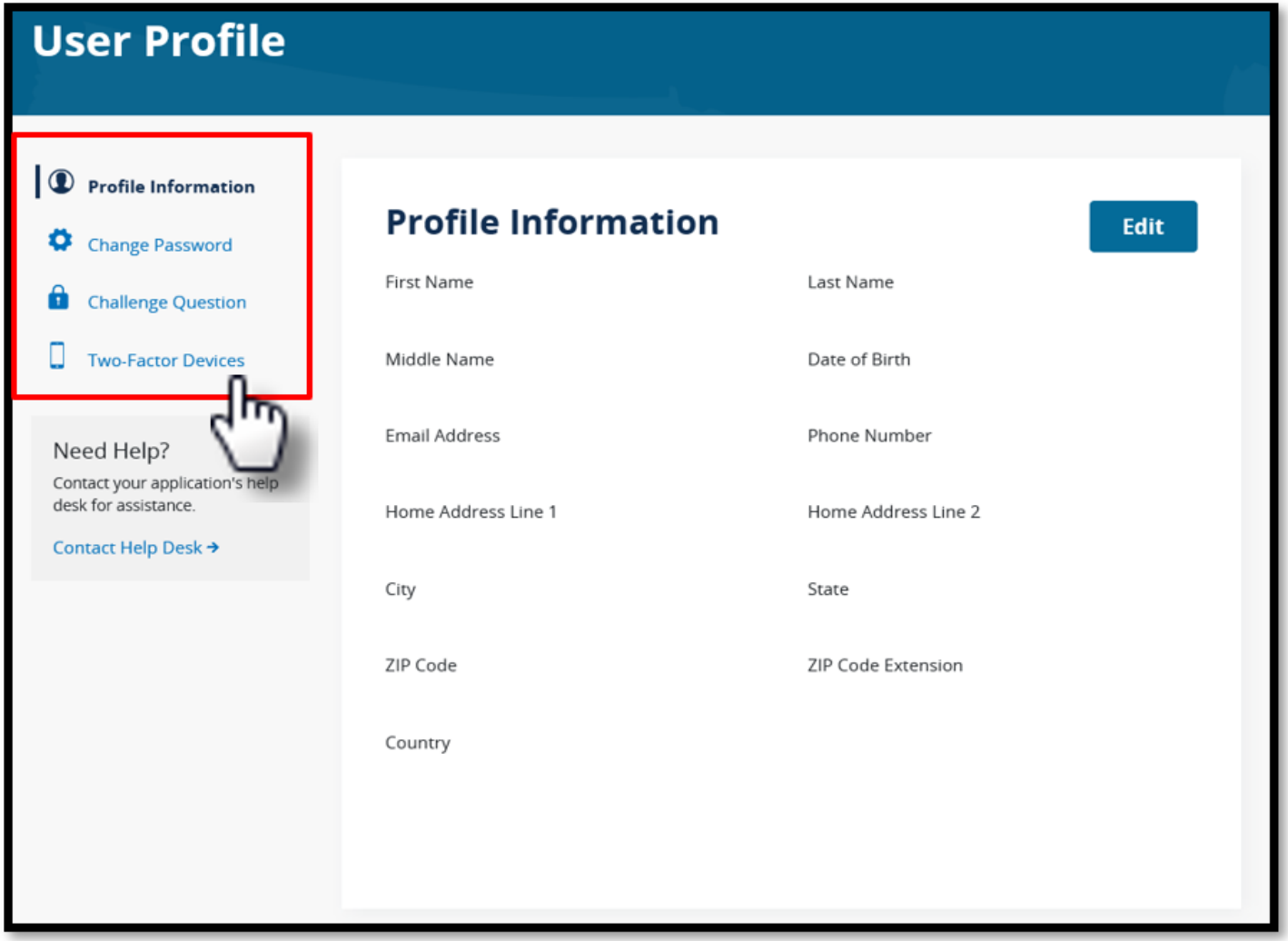
Maintain HARP User Account

Use the Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) to maintain your user account.

- One HARP account is needed to access multiple CMS applications.
- All EQRS users must have a HARP account.
- Maintain HARP account via https://harp.cms.gov/user-profile/home.
- Access HARP training materials via https://mycrownweb.org/harp-training/.

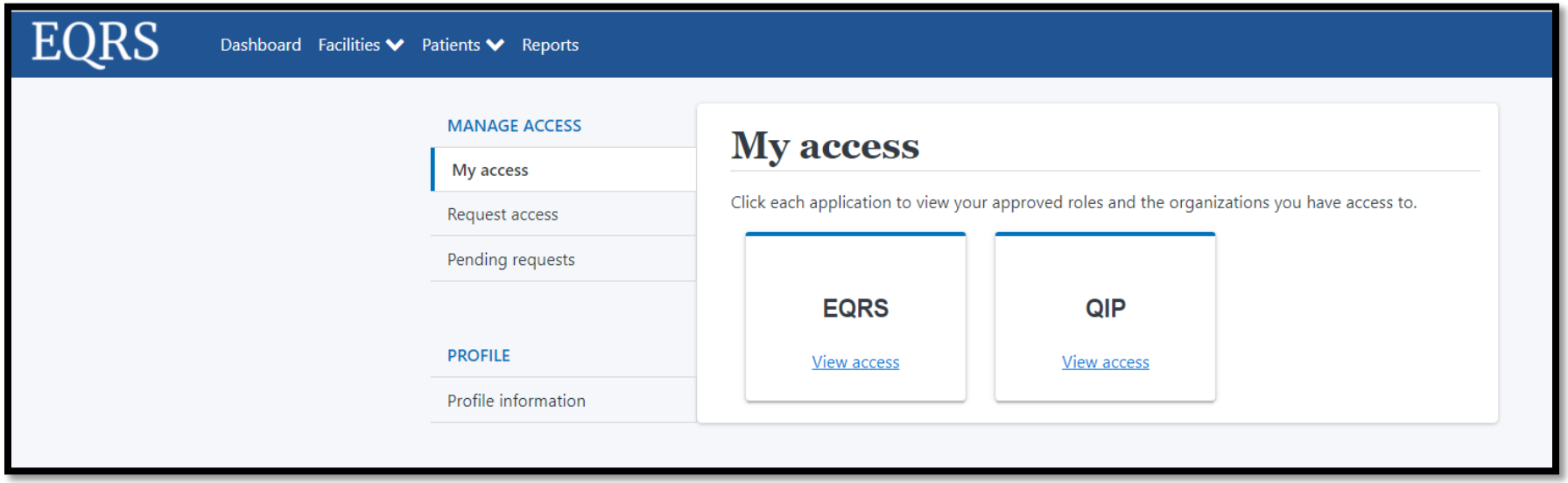
HARP Menu Options

Use the HARP menu options to update your account.



Maintain EQRS Role(s)

- EQRS blends functionalities of the following legacy ESRD Systems into one global application:
  - CROWNWeb
  - ESRD QIP
  - Renal Management Information System (REMIS)
- Use EQRS to maintain and request roles for necessary user interfaces. Direct link: https://eqrs.cms.gov/globalapp



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

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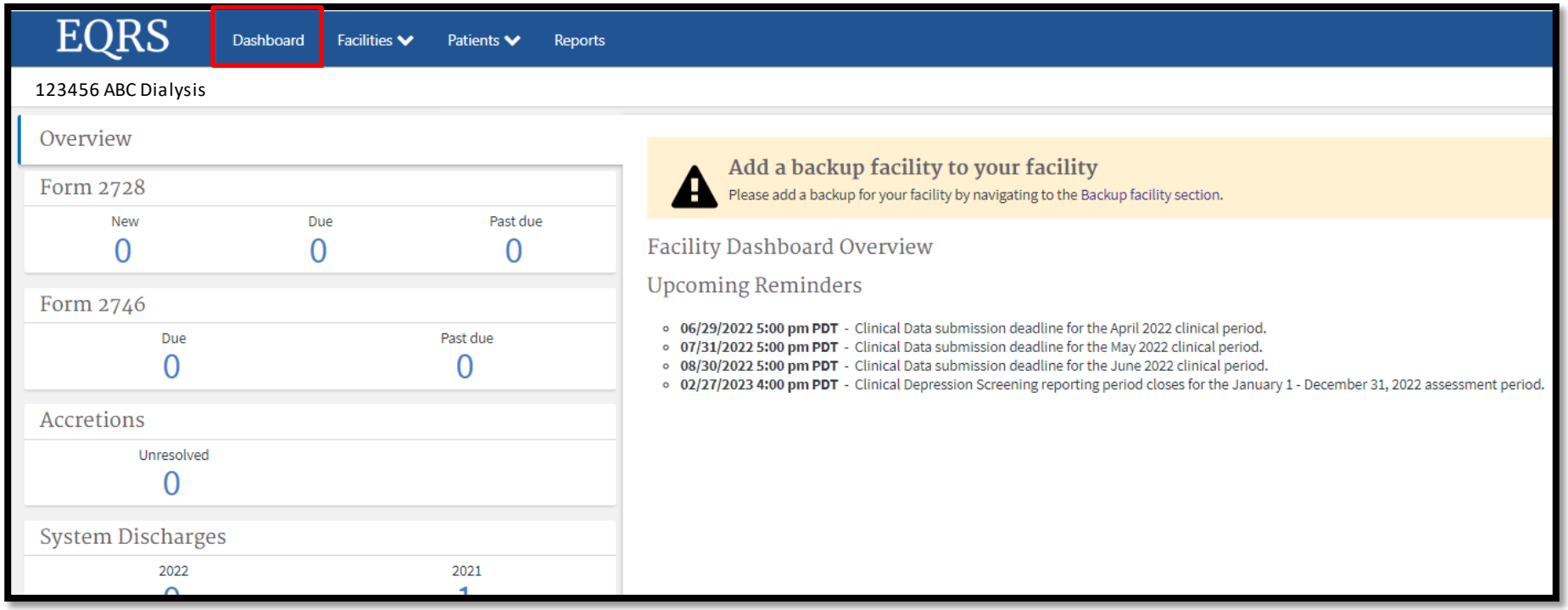
Facility Dashboard Overview

Facility Dashboard

The EQRS Facility Dashboard provides reminders and announcements.



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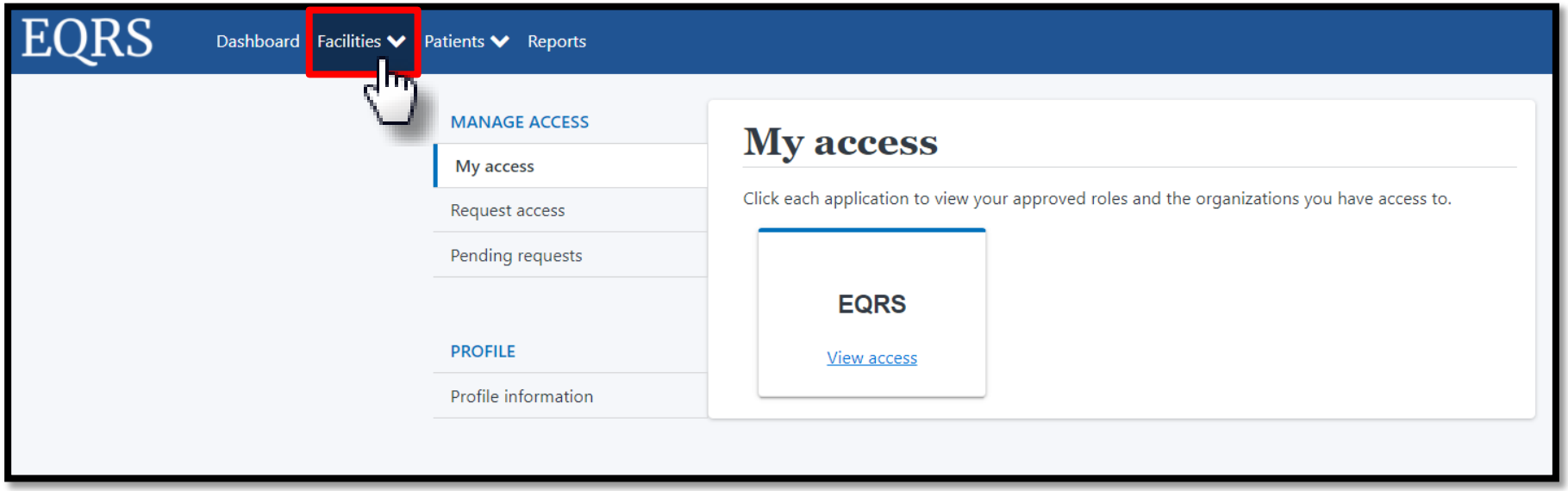
Set Default Preferences

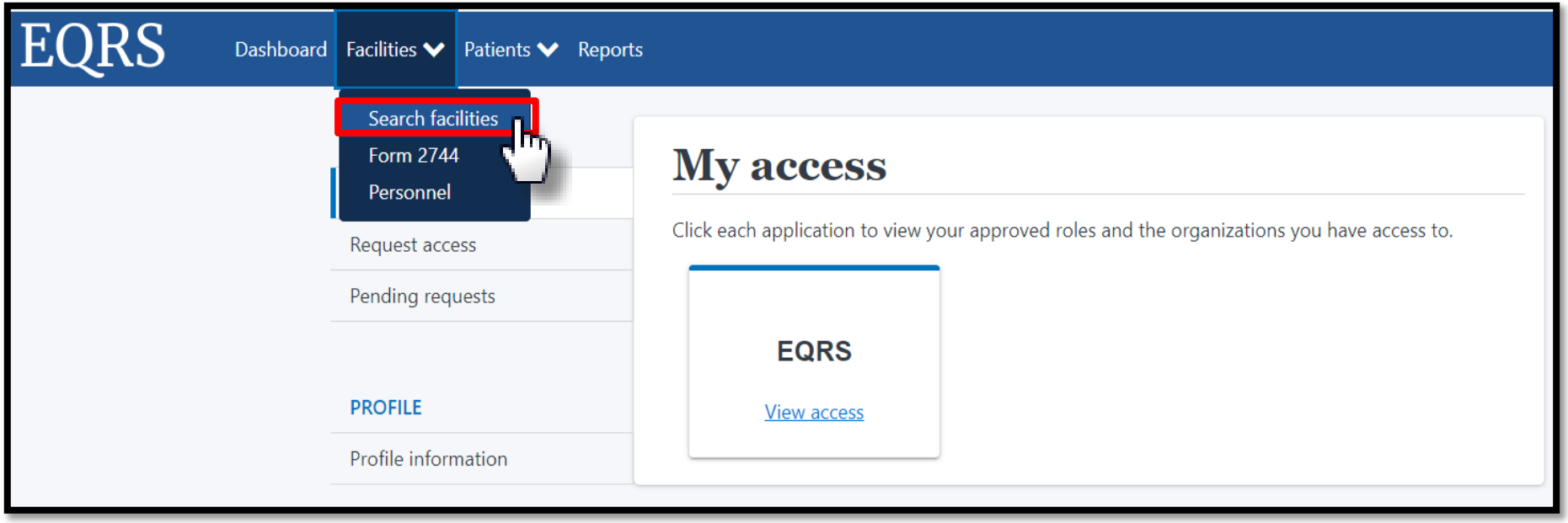
Click Facilities

Click **Facilities** in the navigation menu.



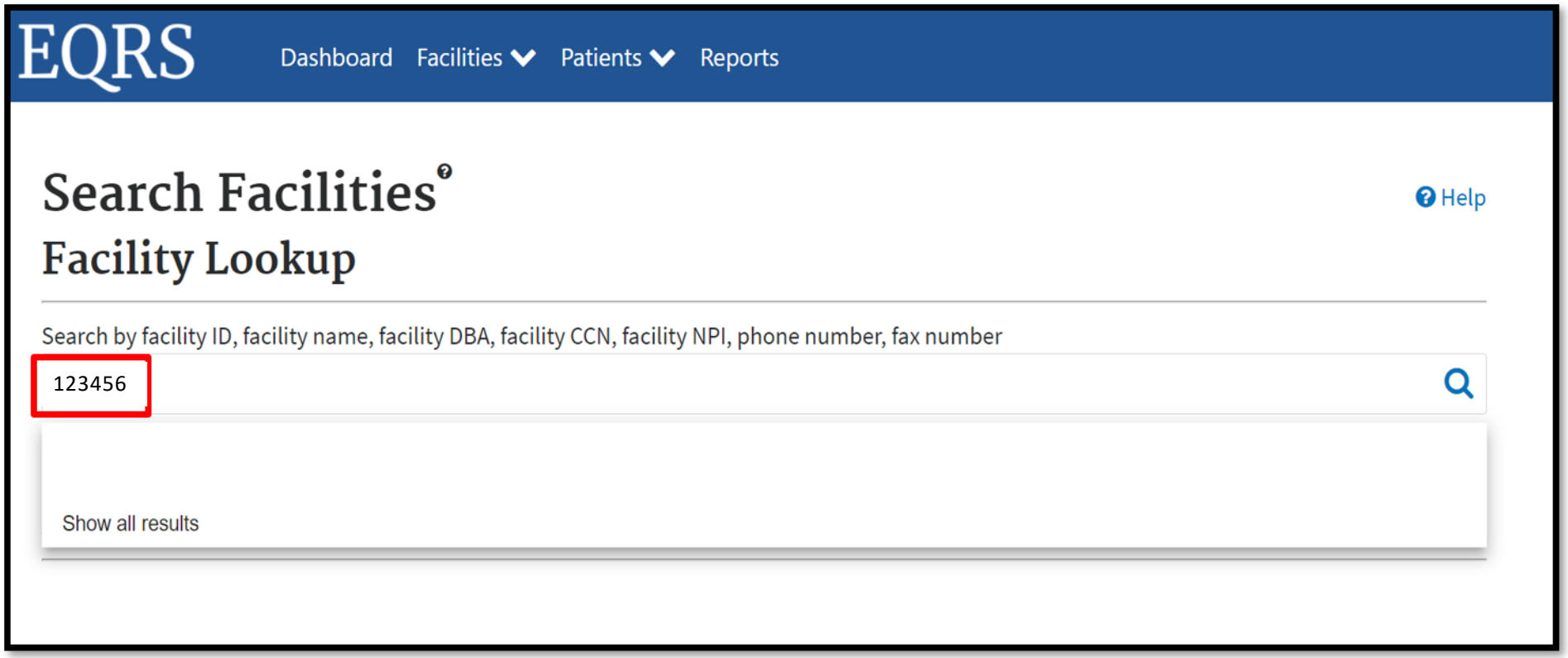
Click Search Facilities

Click **Search Facilities** in the navigation menu.



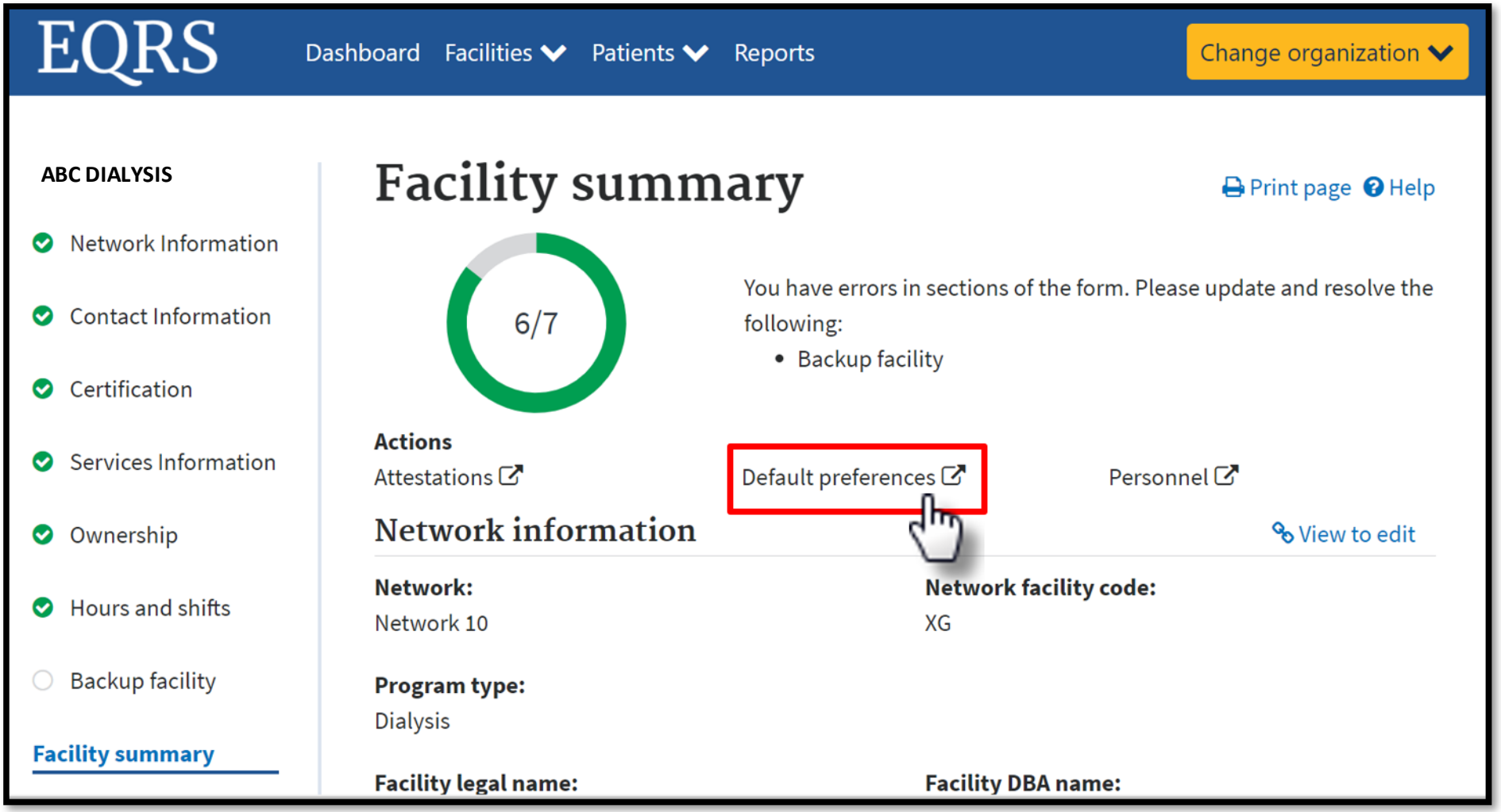
Search for Facility

Enter the facility identifier.



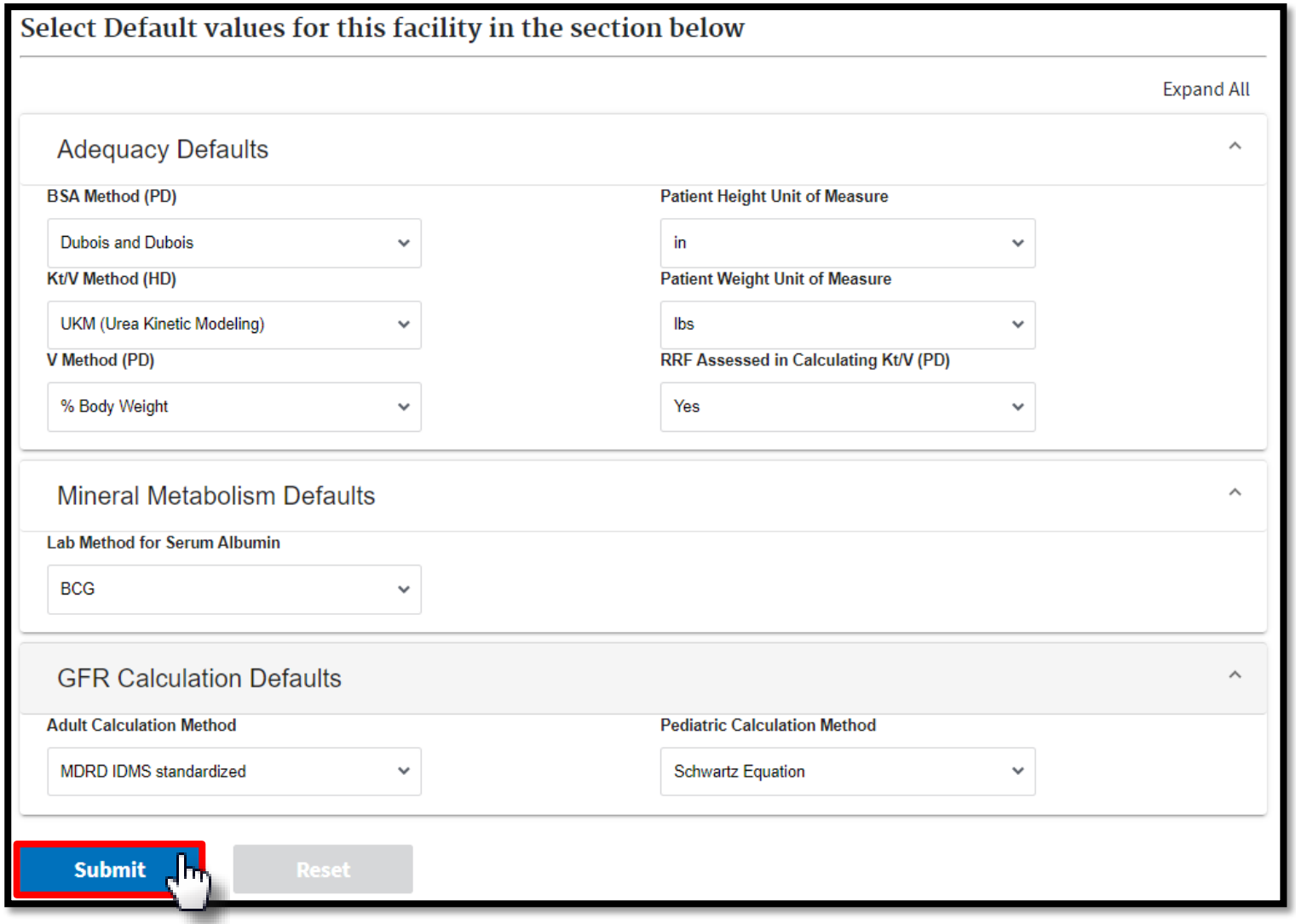
Click Default Preferences

Click the **Default Preferences** link in the Actions section.



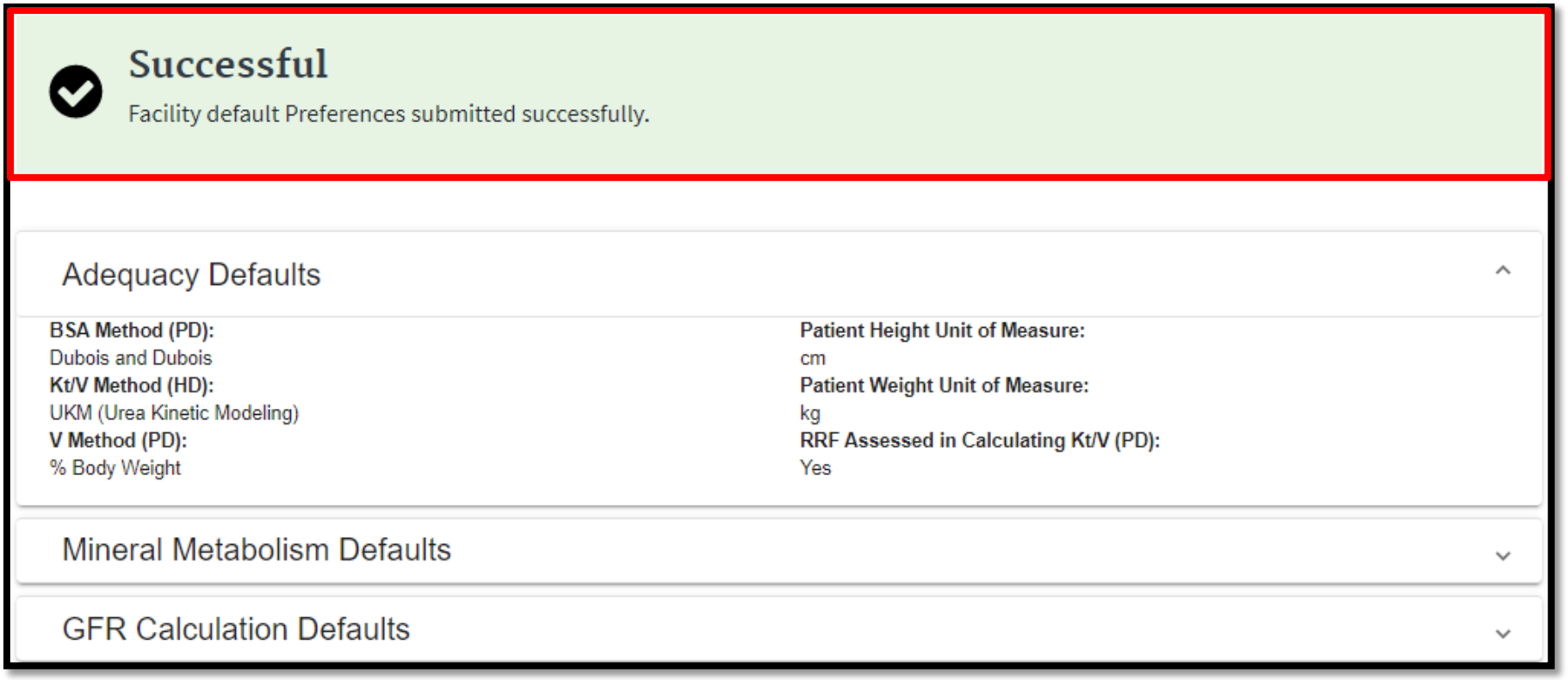
Select Preferences

Select default values and click **Submit**.



Successful Submission

EQRS displays a "**Facility default Preferences submitted successfully**" message.



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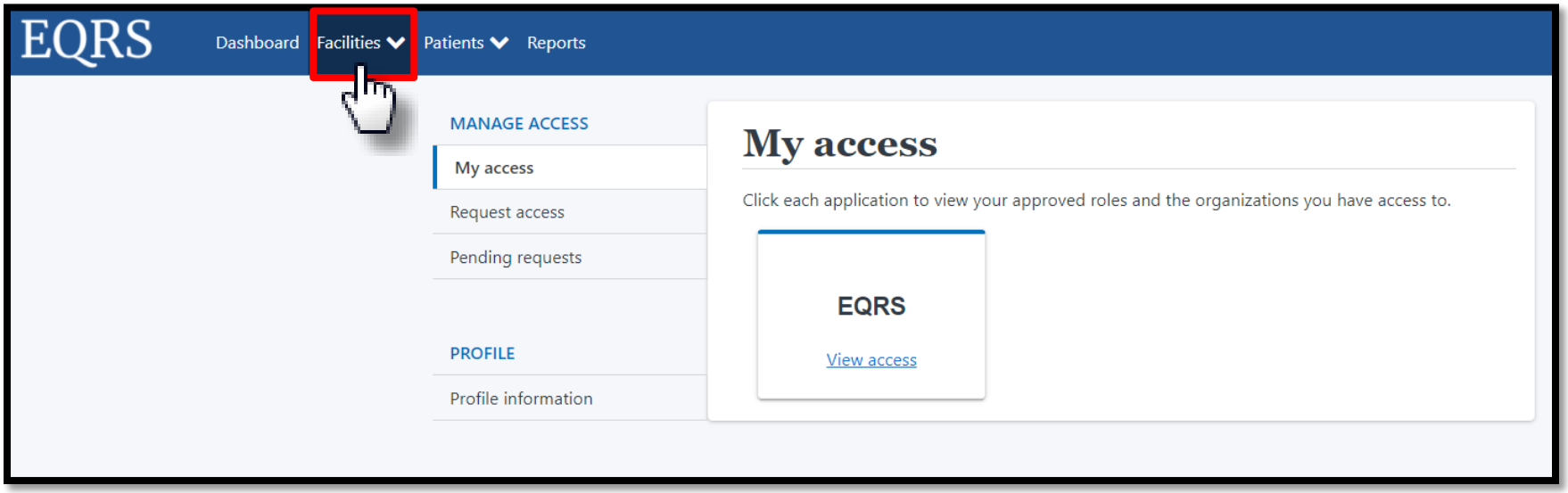
Add Facility Personnel

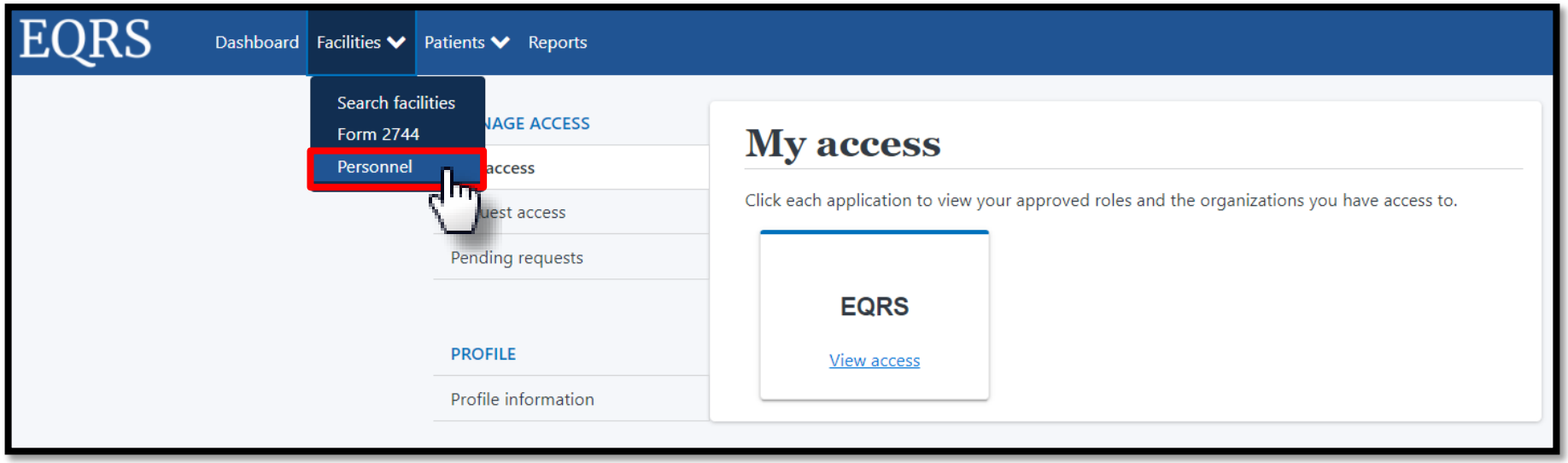
Click Facilities

Click **Facilities** in the navigation menu.



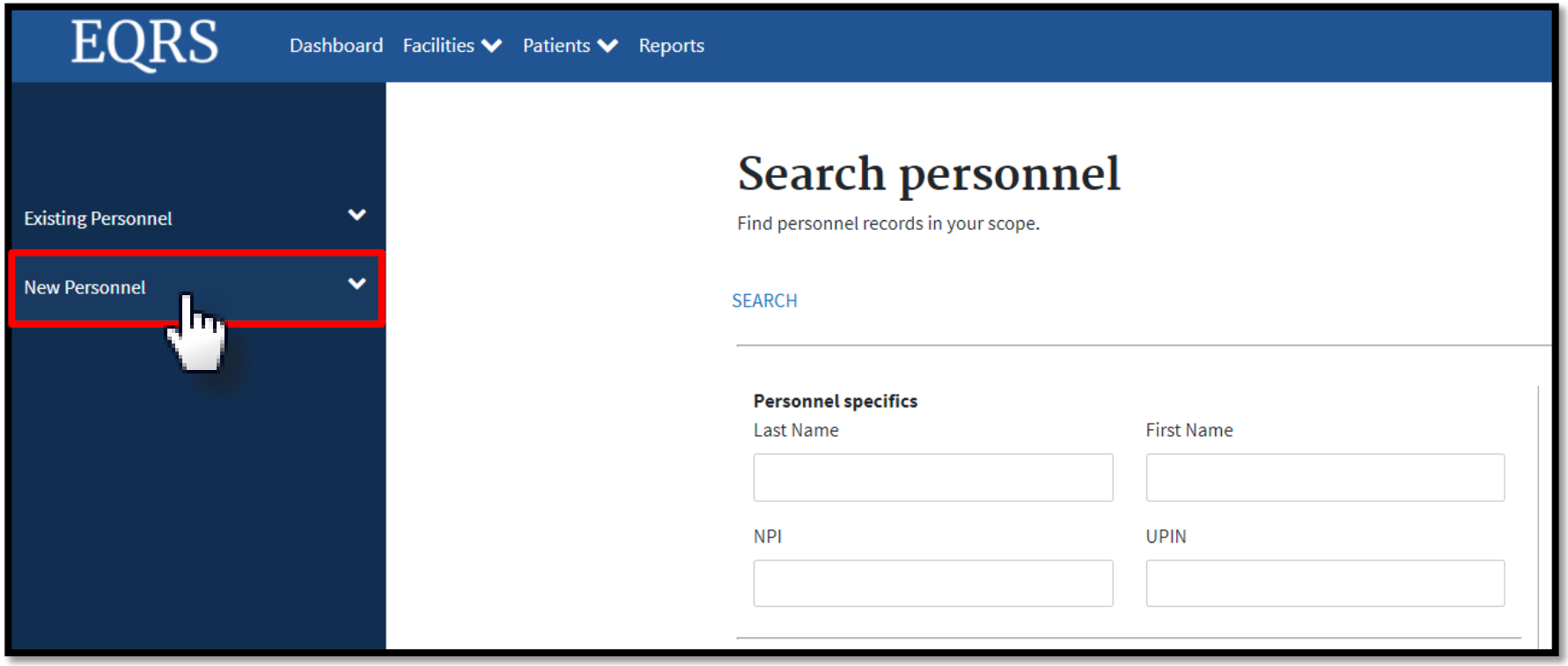
Click Search Facilities

Click **Personnel** in the navigation menu.



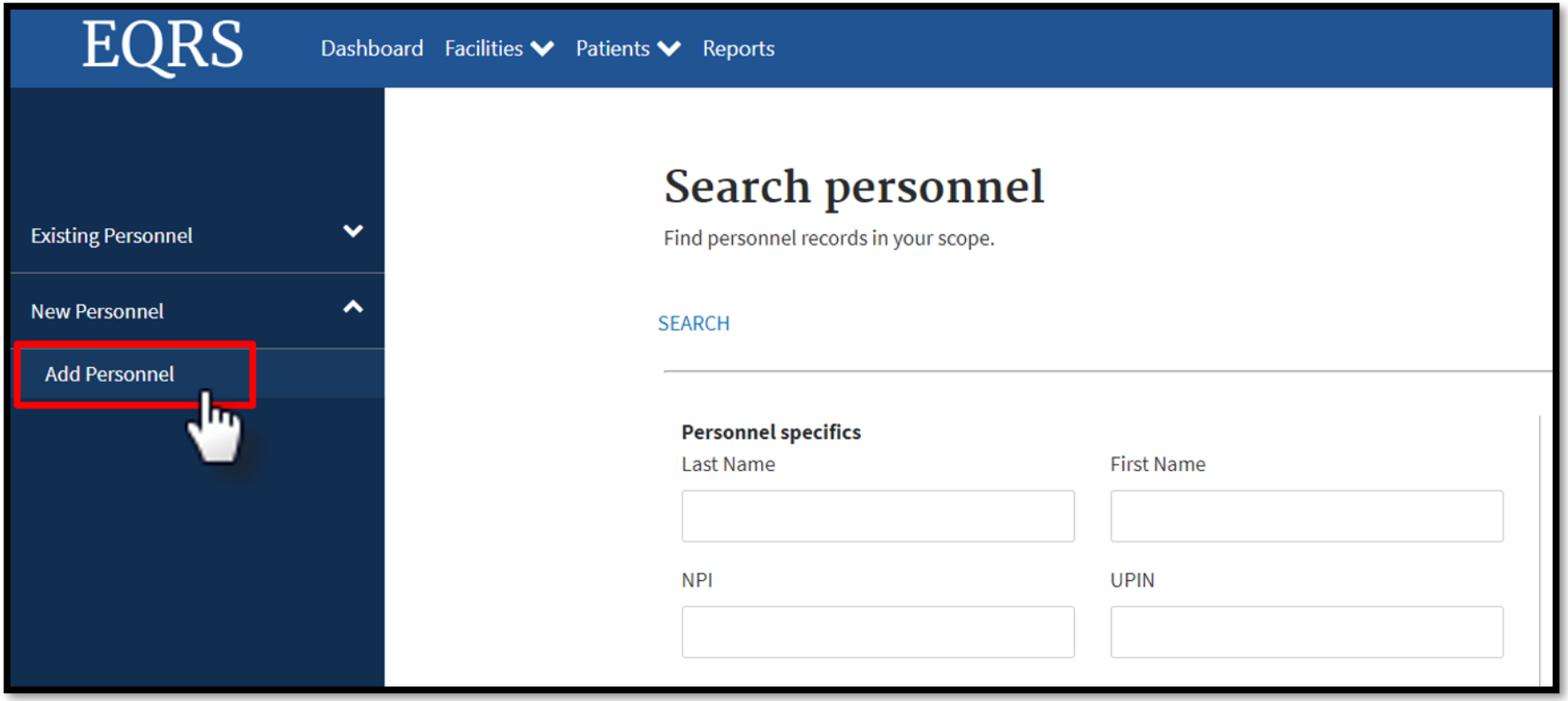
Click New Personnel

Click **New Personnel** to display menu options.



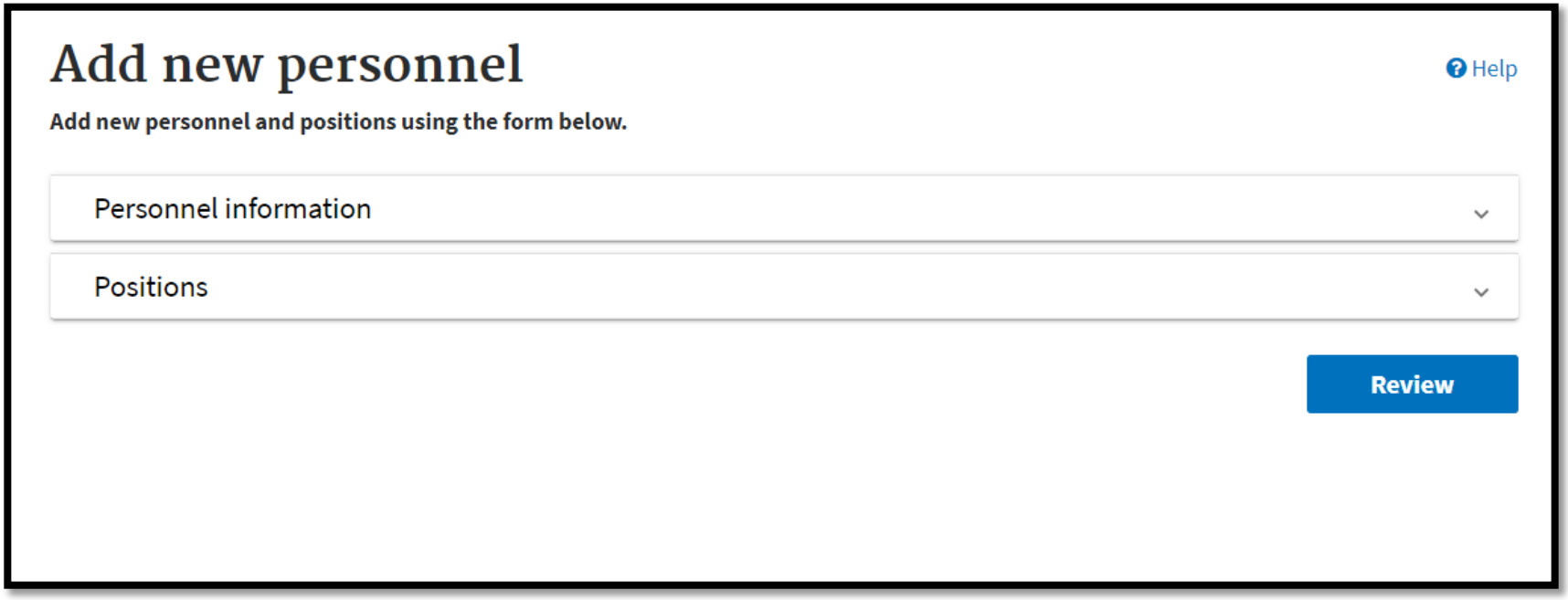
Click Add Personnel

Click **Add Personnel** to enter information.



Select Accordion

Click on the desired section to expand and view.

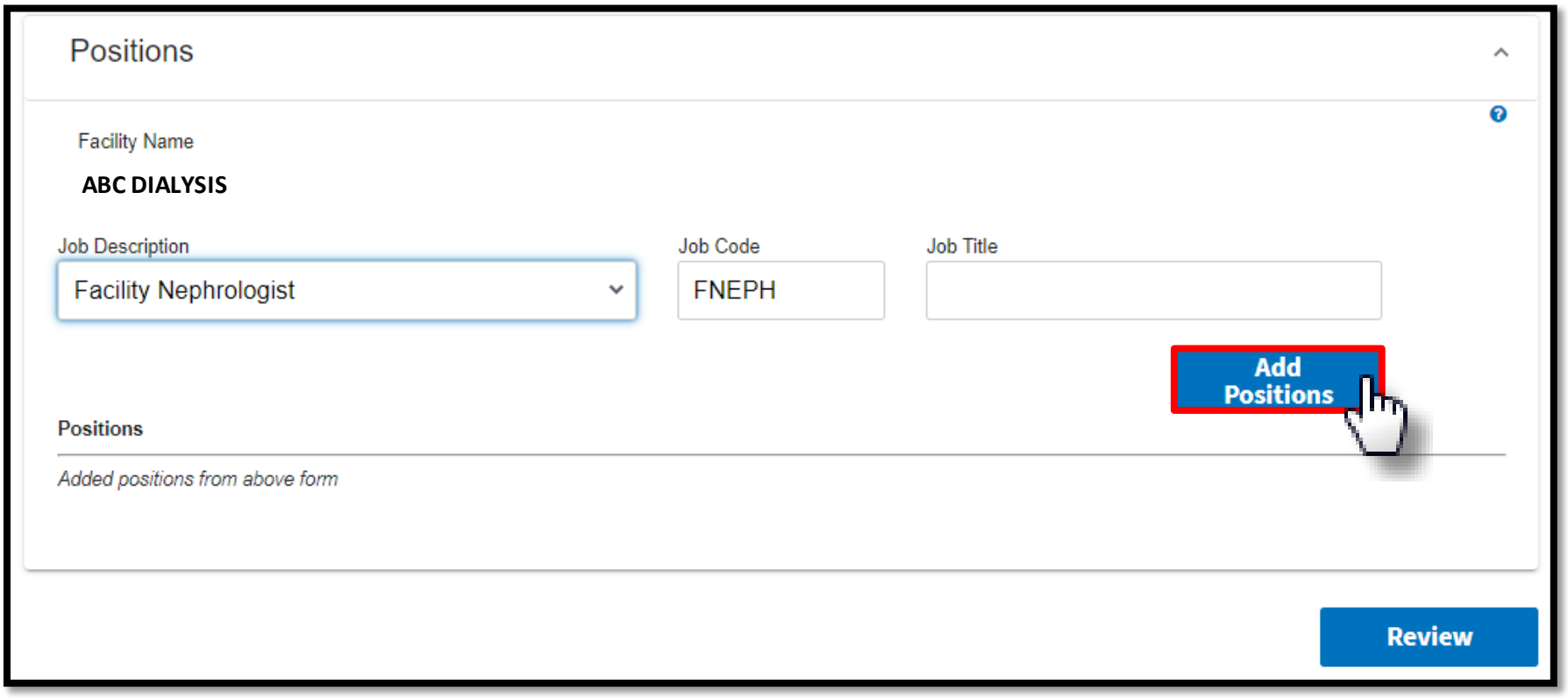


Enter Personnel Information

Complete the Personnel Information section.

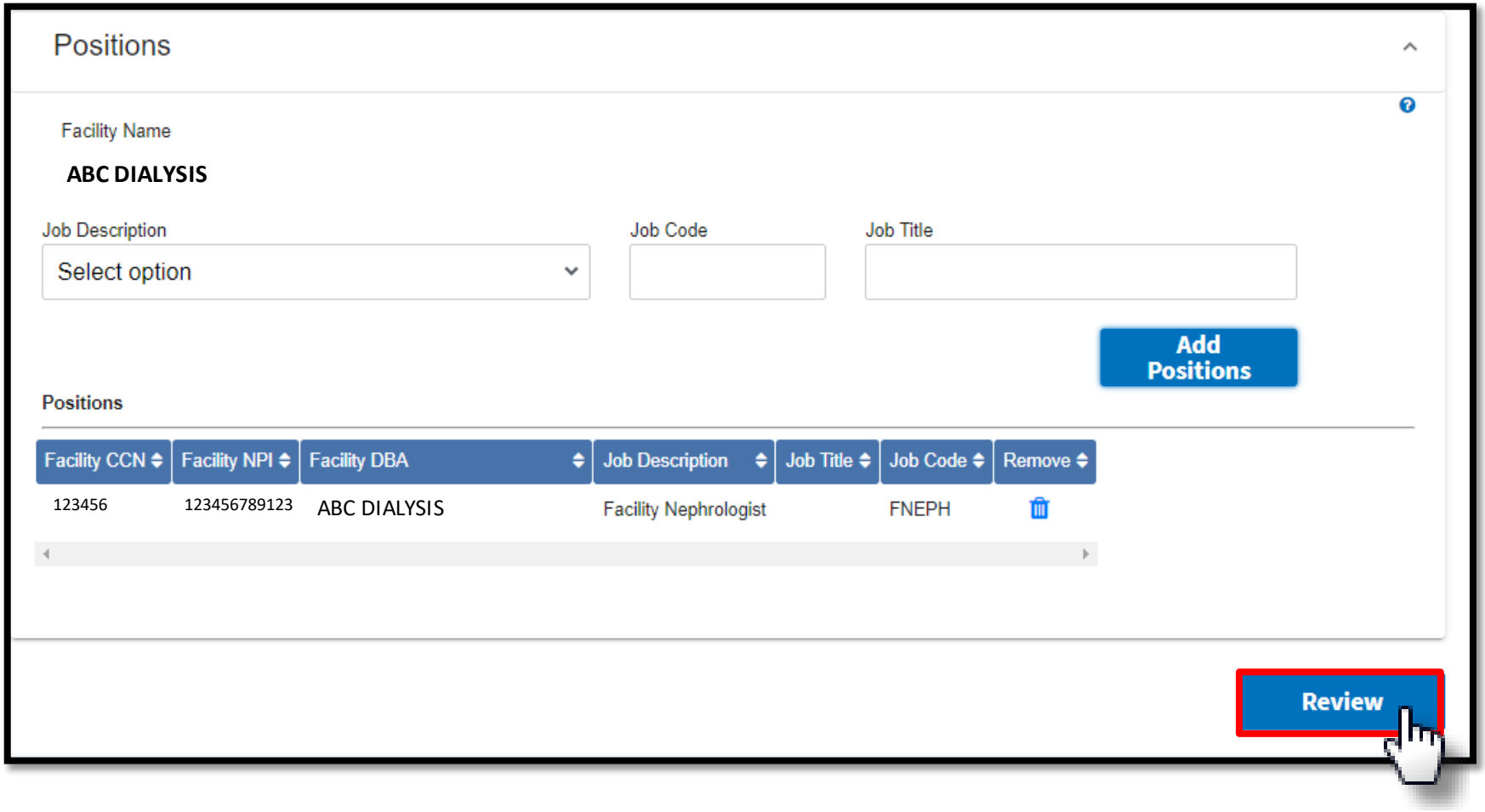
Add Position

Indicate the employee's position and click **Add Positions**.



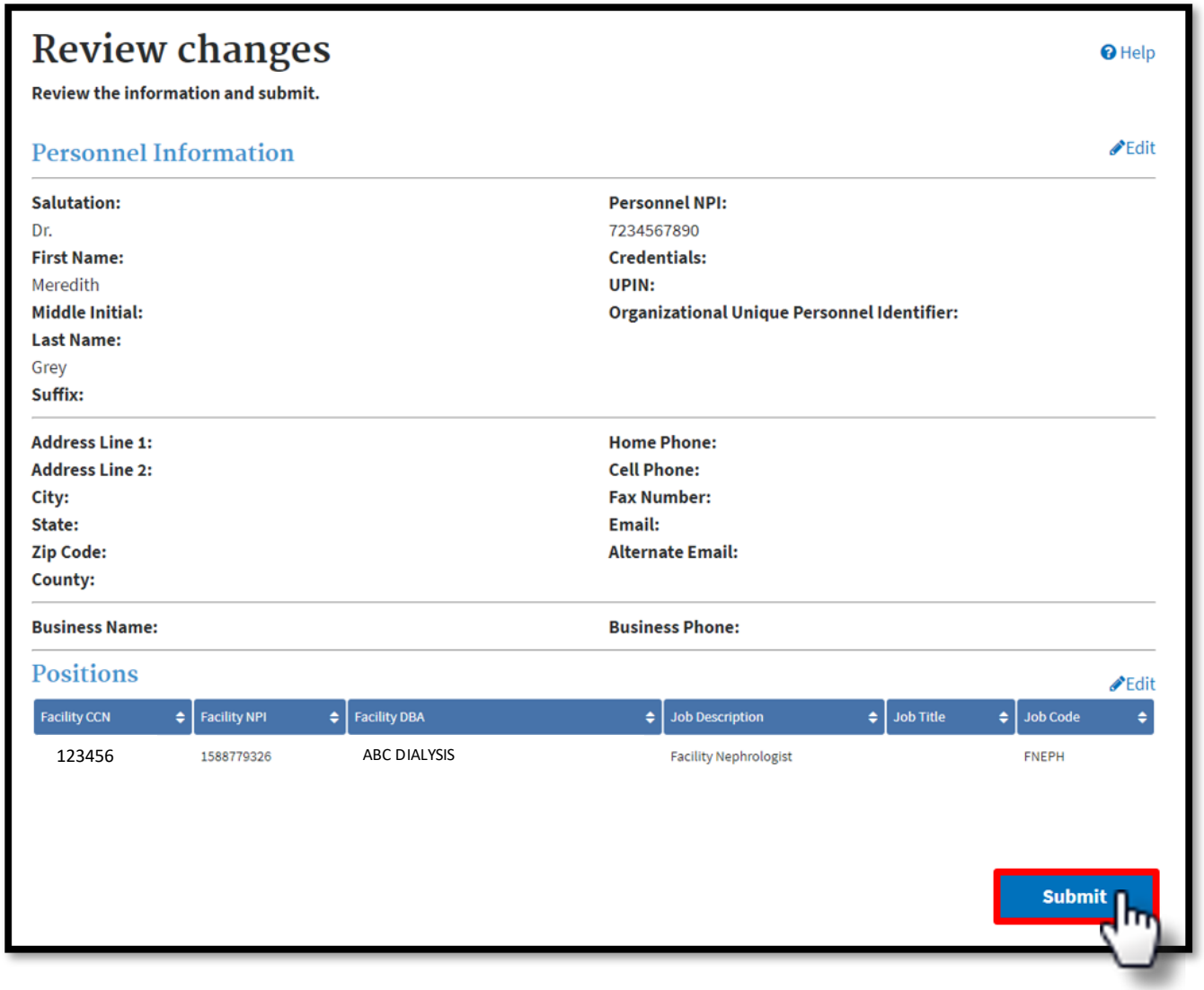
Click Review

Click **Review** for a final look before submission.



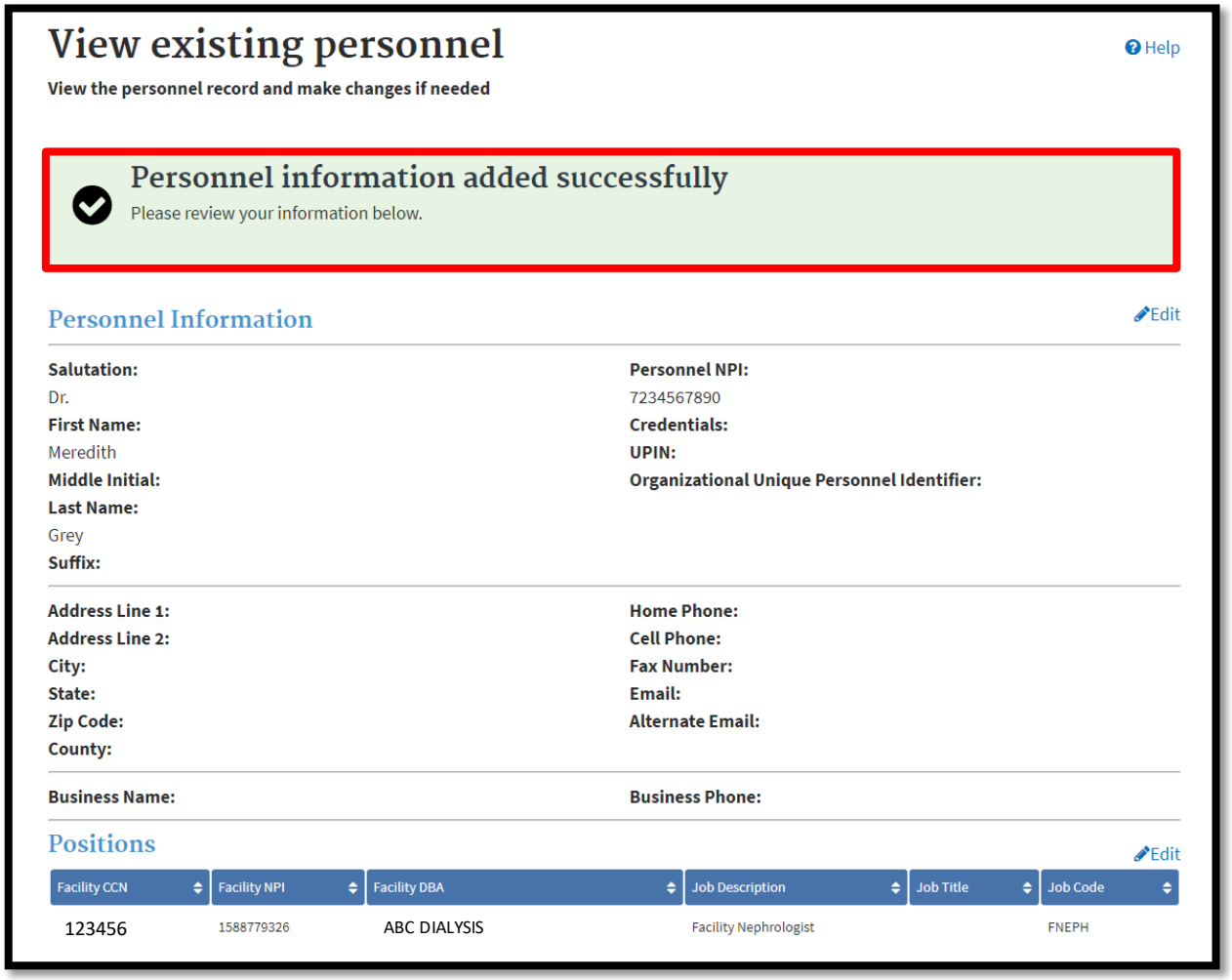
Click Submit

Review the entry and click **Submit**.



Successful Submission

EQRS displays "**Personnel information added successfully**" message.



View existing personnel

Help

View the personnel record and make changes if needed

Personnel information added successfully

Please review your information below.

Personnel Information

Edit

Salutation:
Dr.
First Name:
Meredith
Middle Initial:
Last Name:
Grey
Suffix:

Personnel NPI:
7234567890
Credentials:
UPIN:
Organizational Unique Personnel Identifier:

Address Line 1:
Address Line 2:
City:
State:
Zip Code:
County:

Home Phone:
Cell Phone:
Fax Number:
Email:
Alternate Email:

Business Name:

Business Phone:

Positions

Edit

Facility CCN	Facility NPI	Facility DBA	Job Description	Job Title	Job Code
123456	1588779326	ABC DIALYSIS	Facility Nephrologist		FNEPH

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Admit a Patient

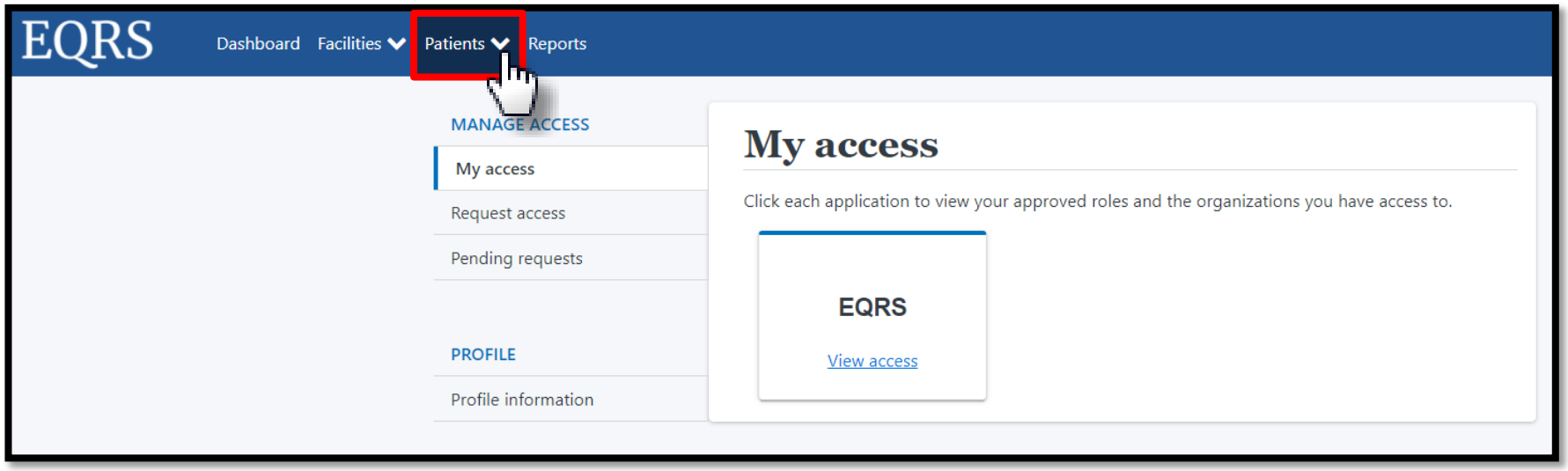
Key Identifiers

EQRS uses six key identifiers when transferring a patient:

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

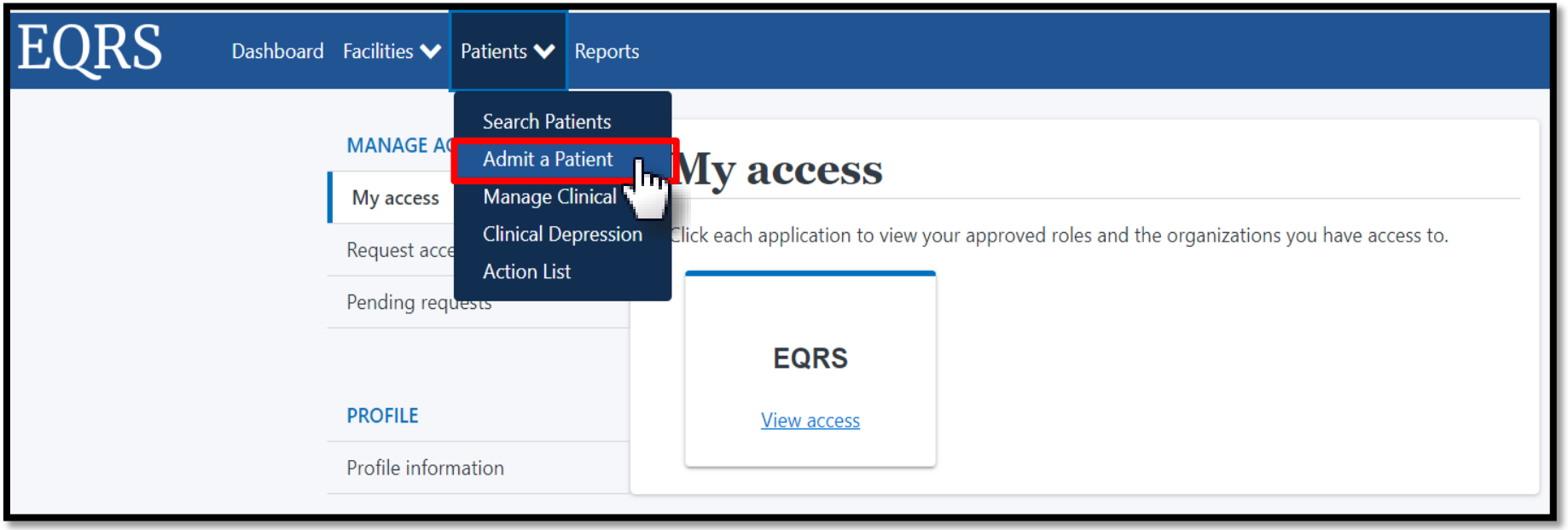
Click Patients

Click **Patients** in the navigation menu.



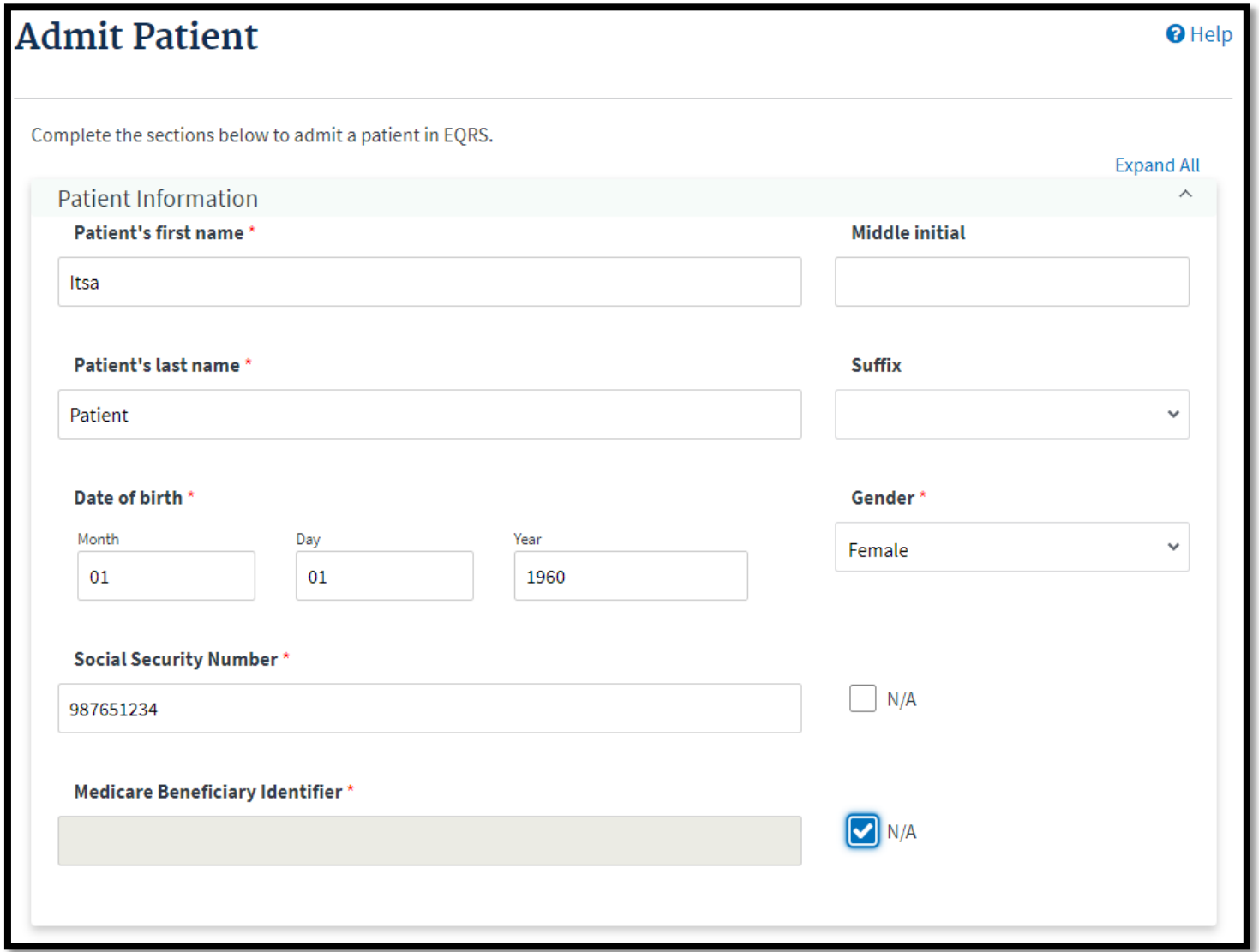
Click Admit Patient

Click **Admit Patient** in the Patients sub-menu.



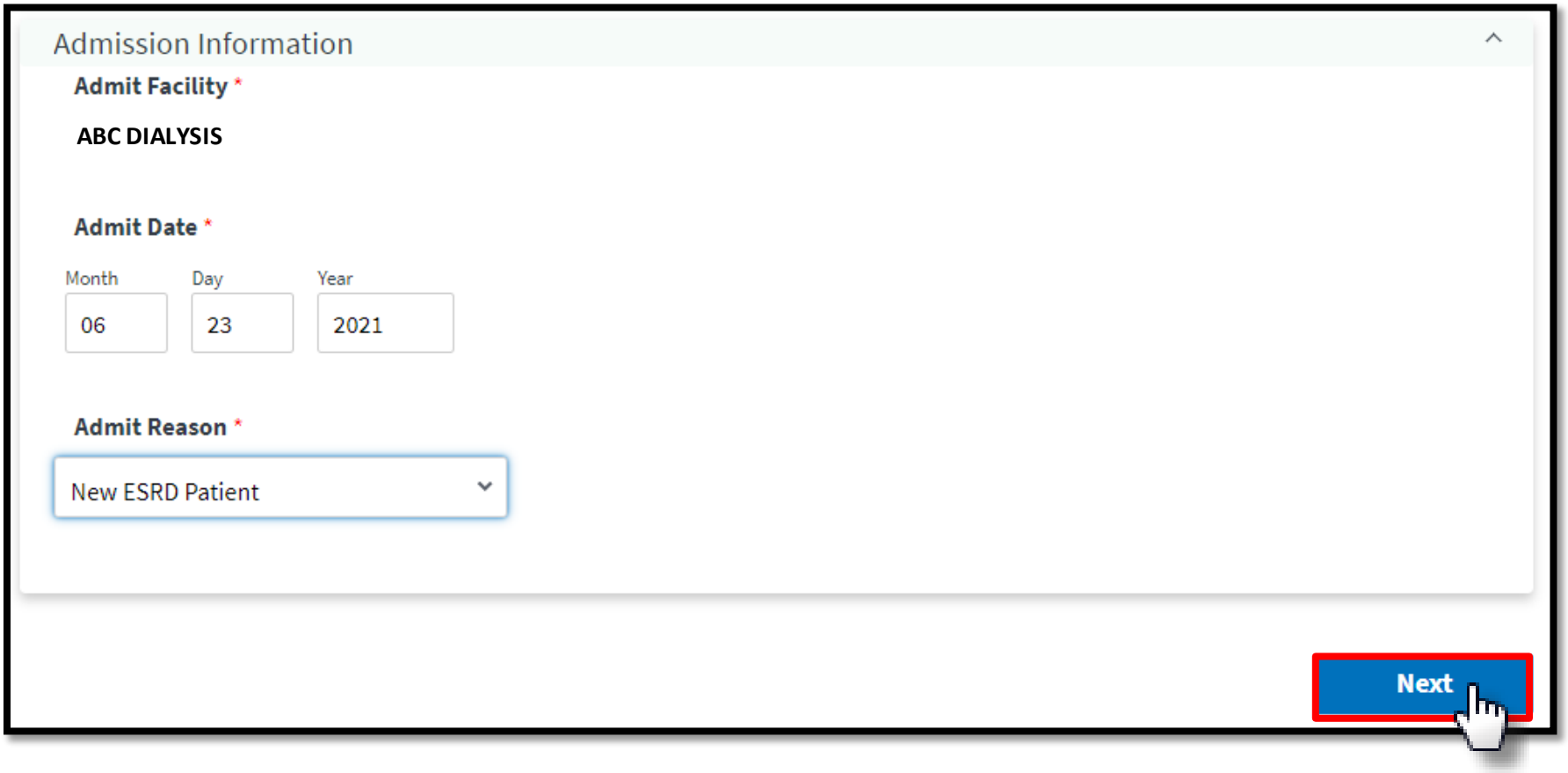
Enter Patient Information

Enter data in the Patient Information section.



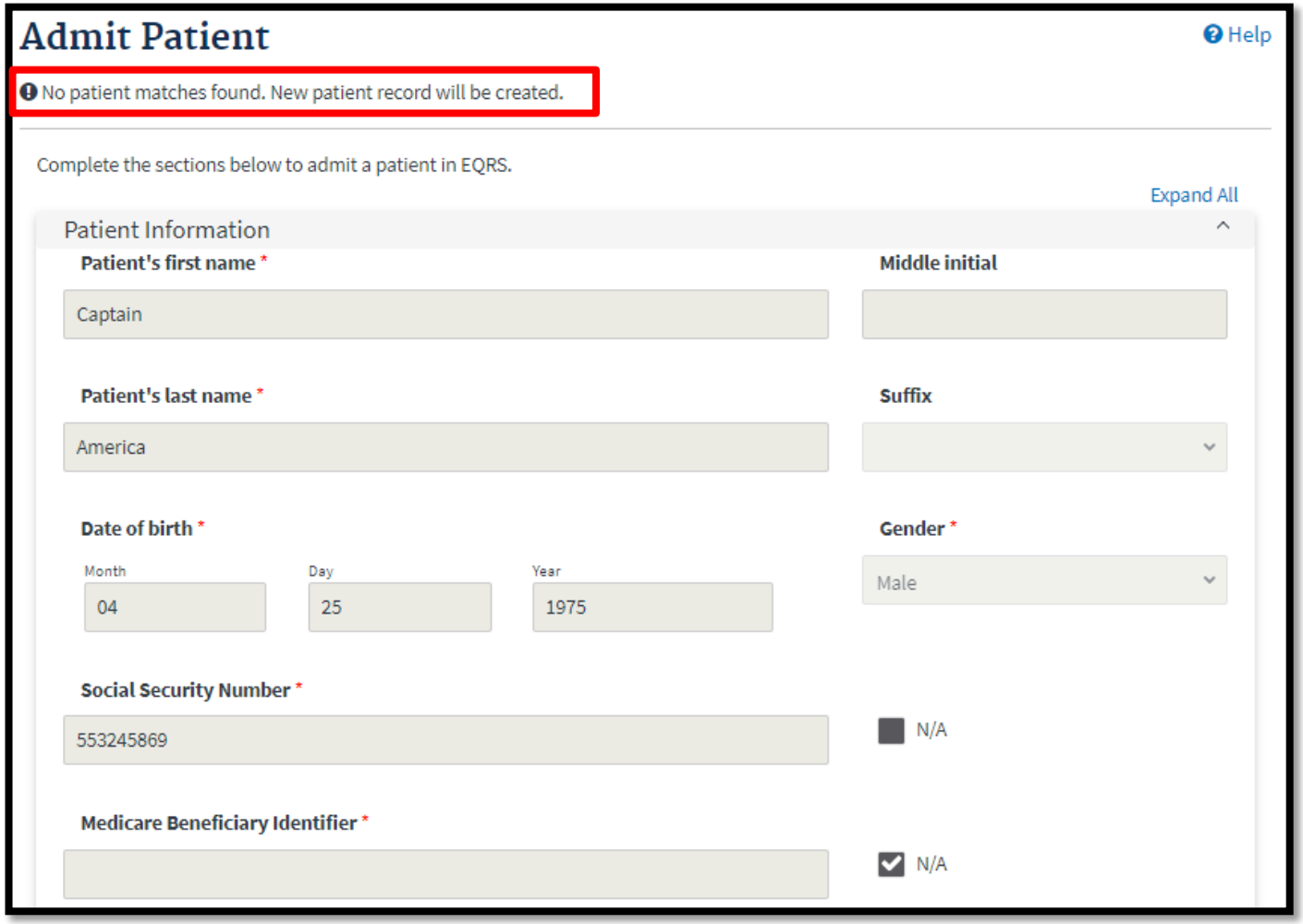
Enter Admission Information

Enter data in the Admission Information section and click **Next**.



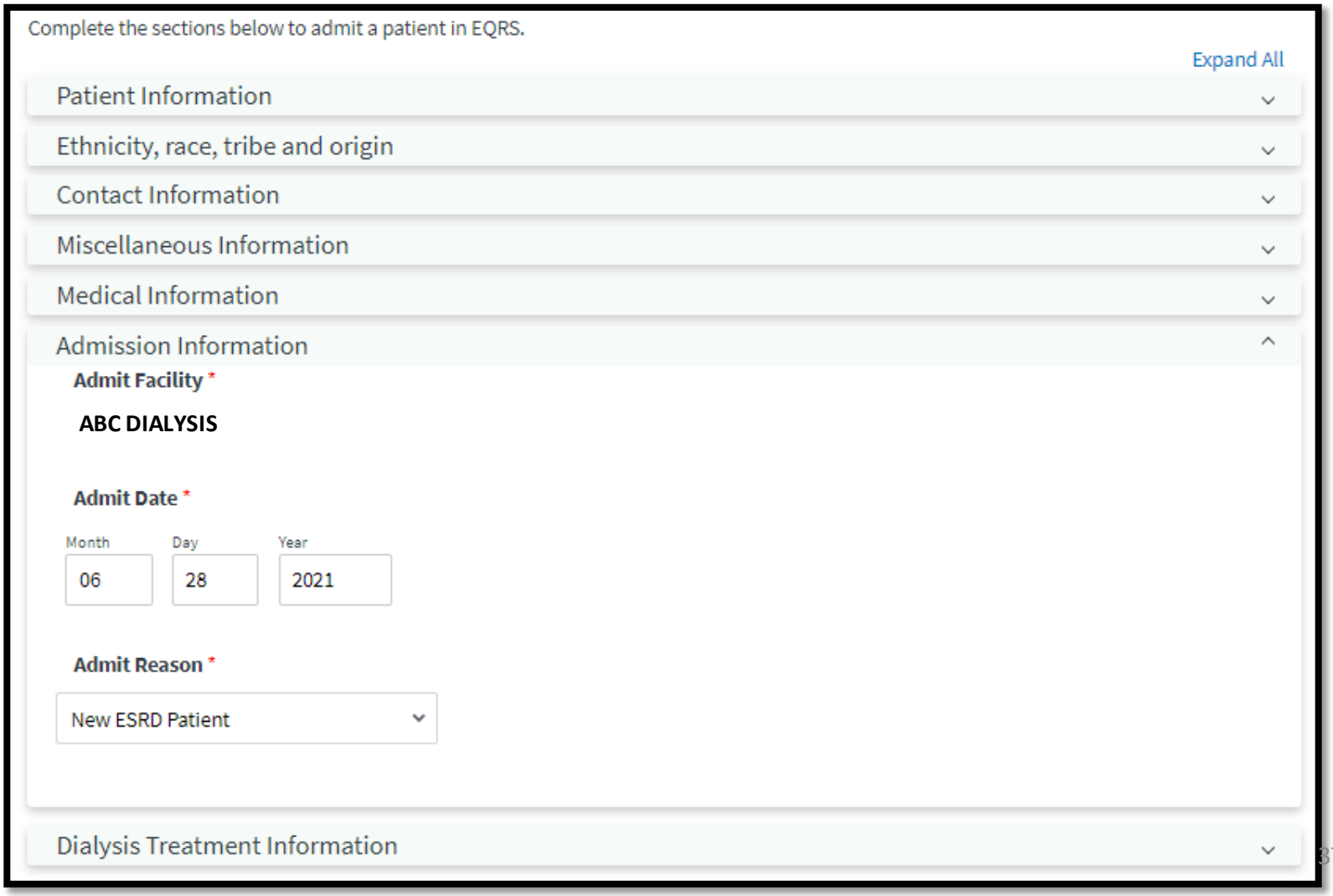
Patient Match Message

Displays for new patient records says, "**No patient matches found.**"



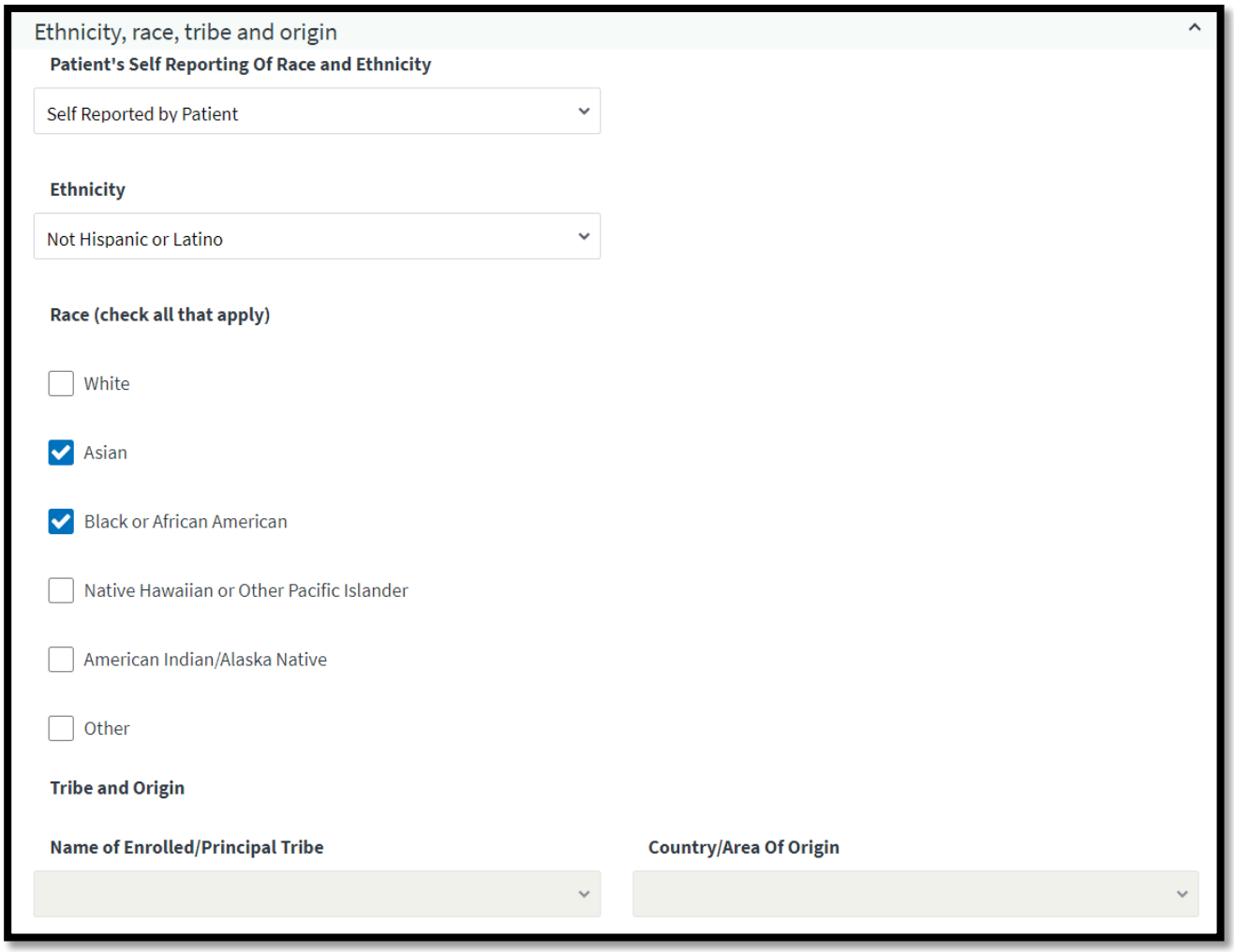
Additional Fields Display

EQRS displays additional fields for data entry.



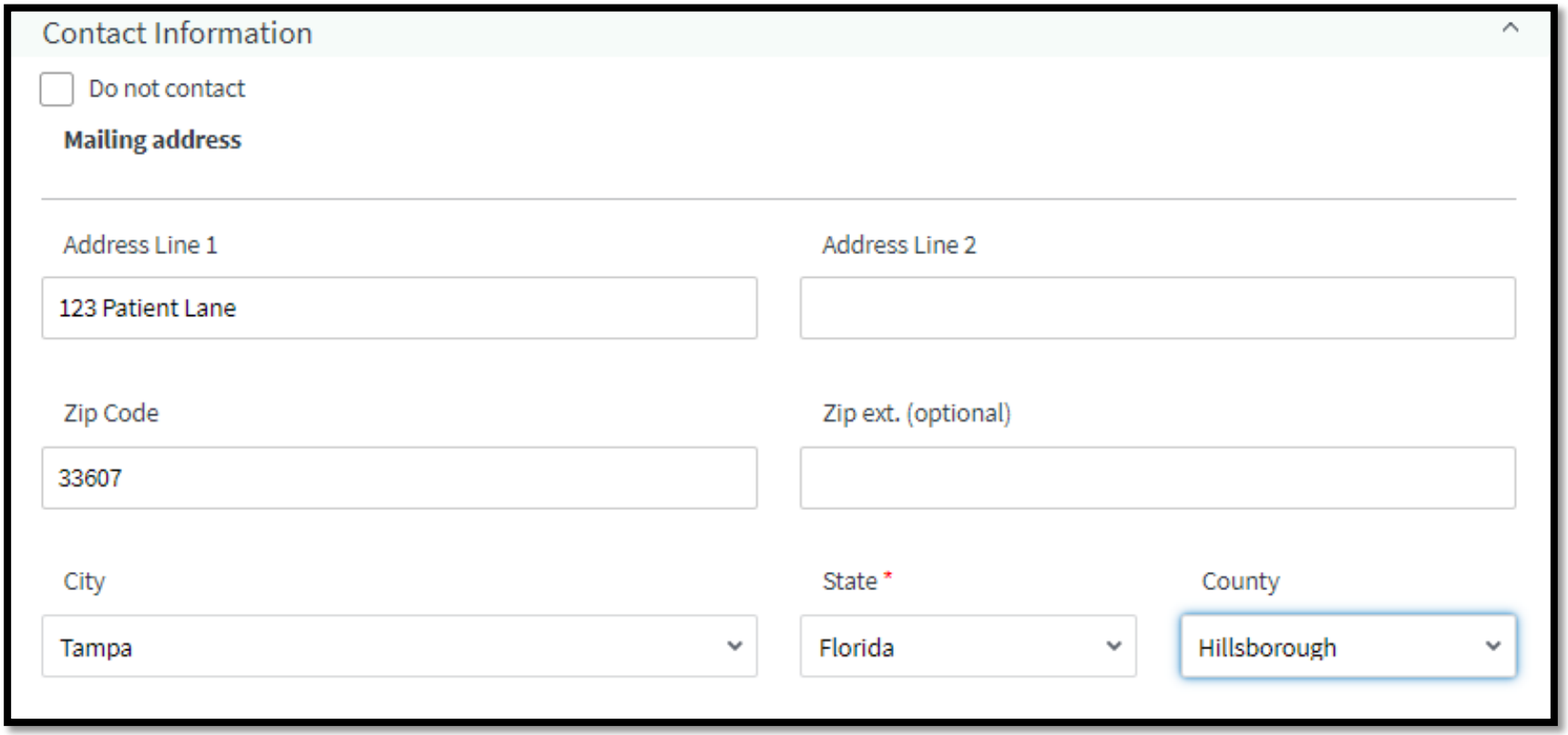
Enter Race and Ethnicity

Enter race and ethnicity, and tribe and origin, if applicable.



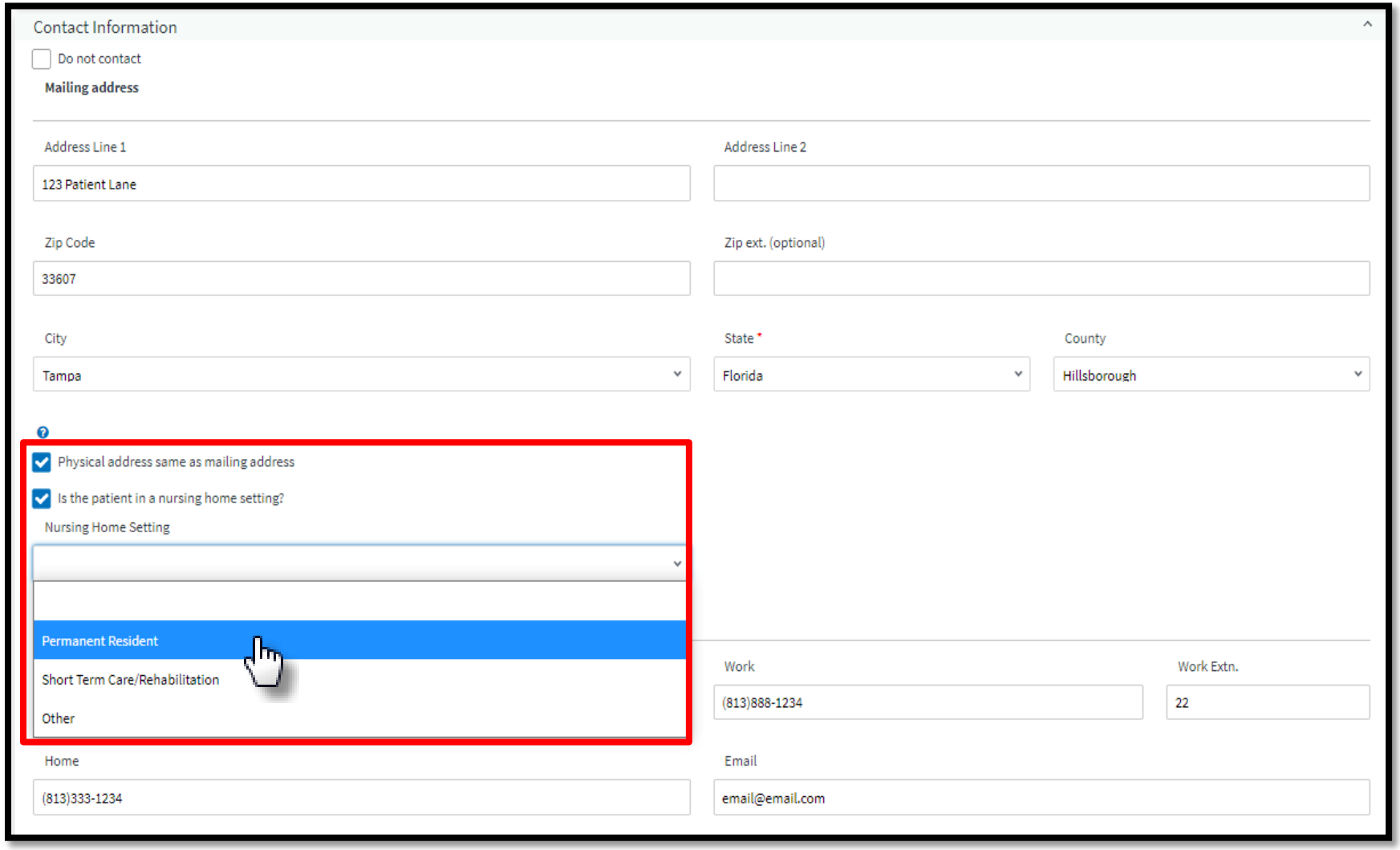
Enter Contact Information

Enter the mailing address.



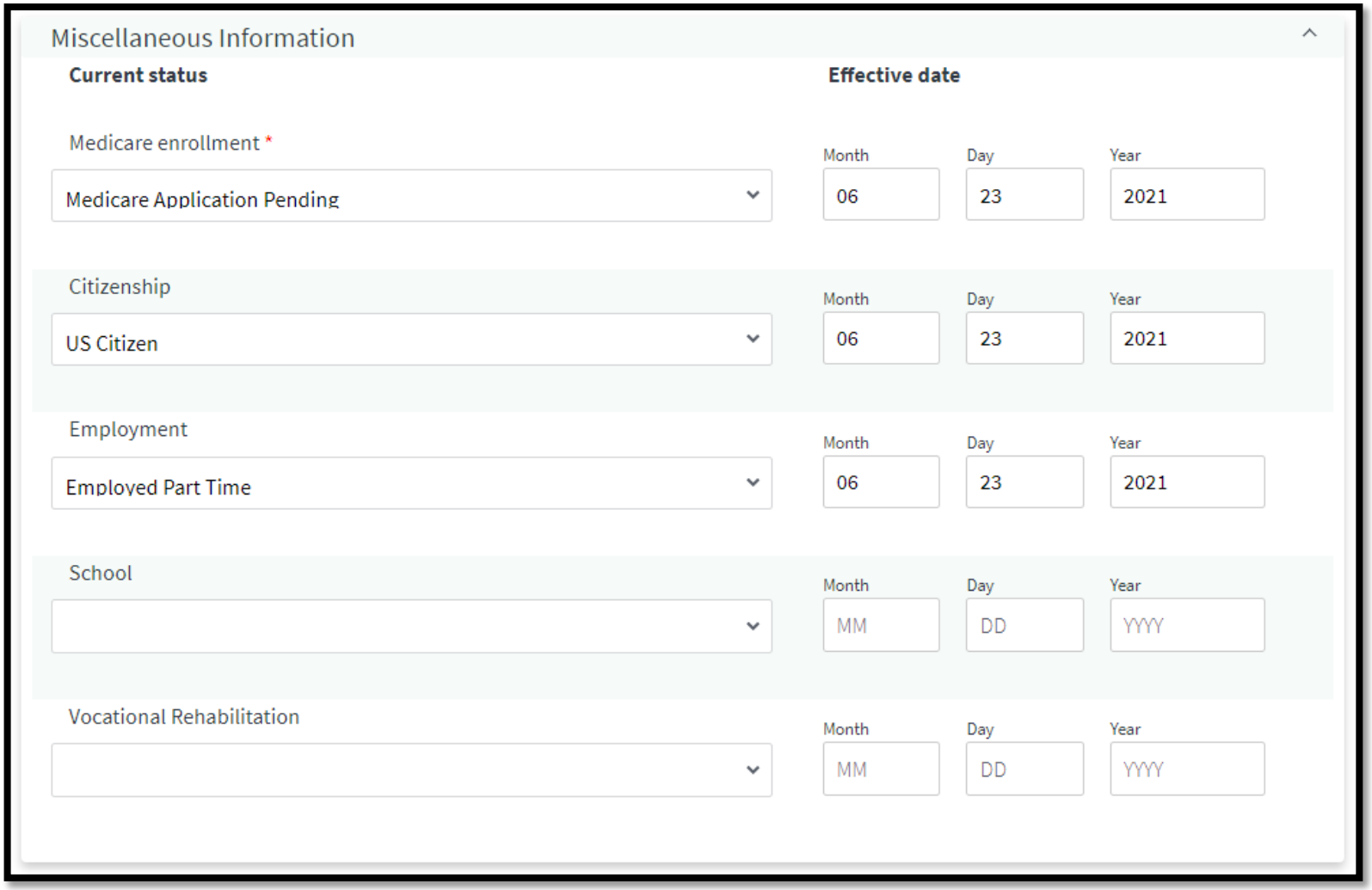
Provide Physical Address

Provide the physical address.



Enter Miscellaneous Info

Enter data in the Miscellaneous Information section.



Enter Effective Date

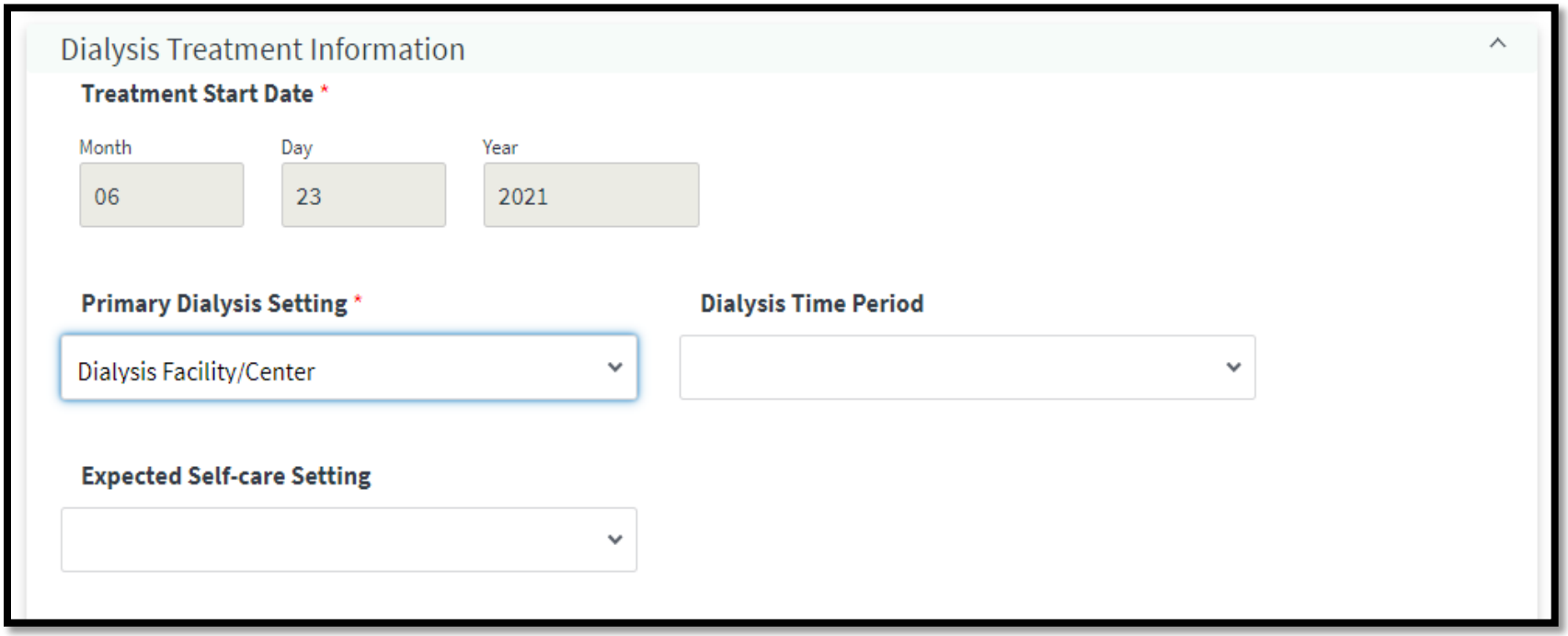
Enter the Medical Information effective date.

Review Admission Information

The Admission Information section is pre-populated.

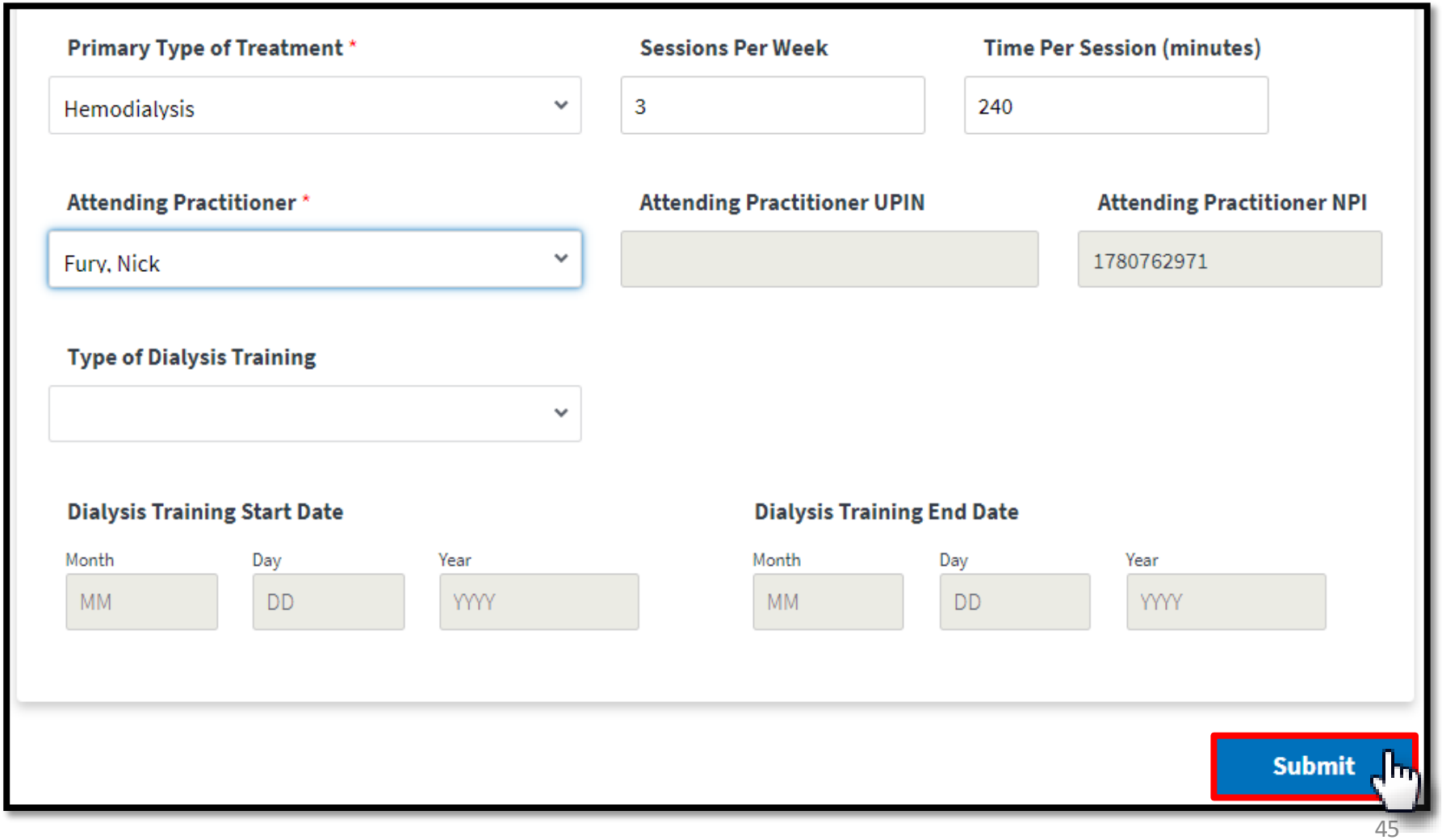
Enter Dialysis Treatment Information

Add a new dialysis treatment.



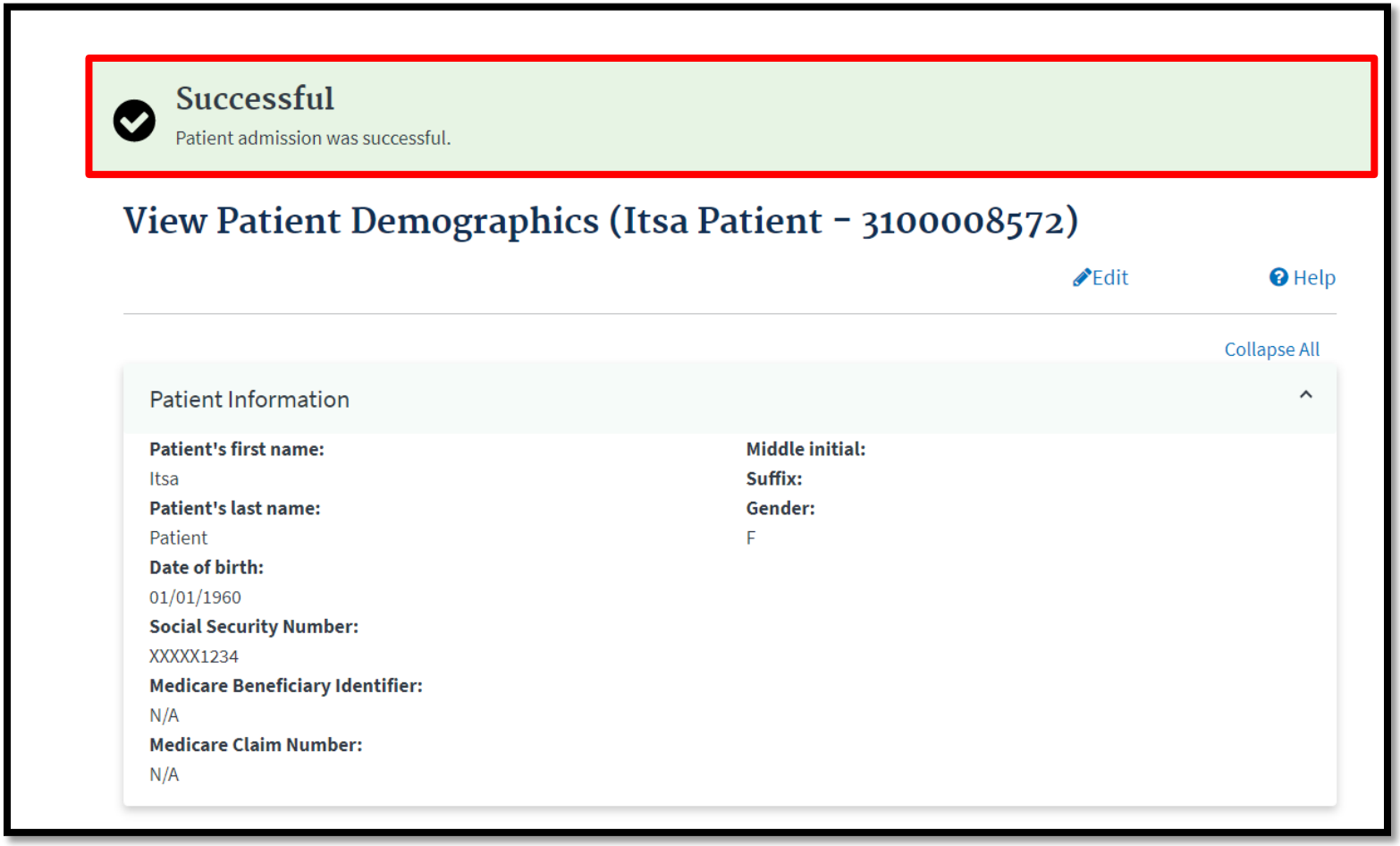
Enter Dialysis Treatment Information

Add a new dialysis treatment and click **Submit**.



Successful Admission

EQRS displays "**Patient admission was successful**" message.



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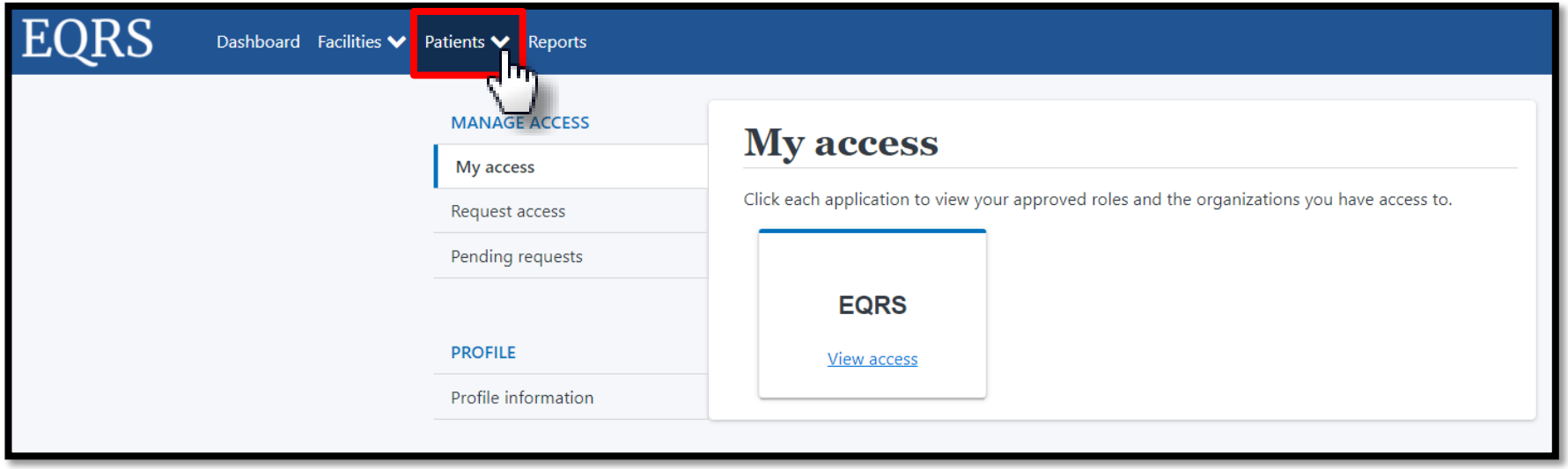
View and Edit Patient Details

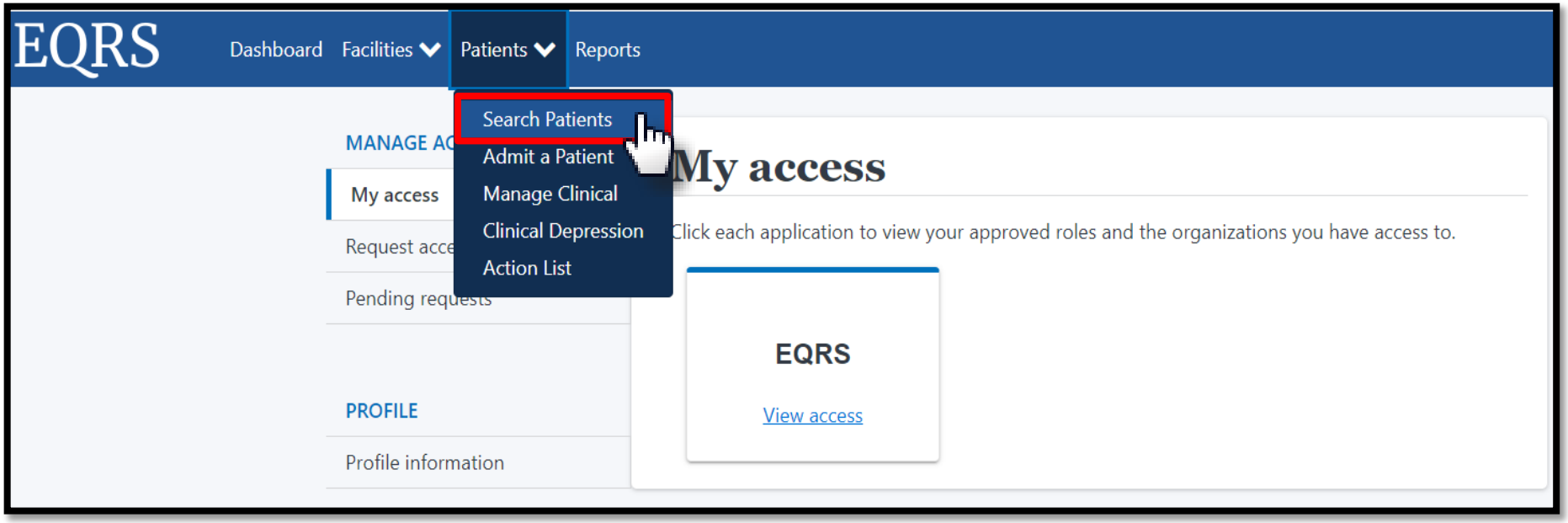
Click Patients

Click **Patients** in the navigation menu.



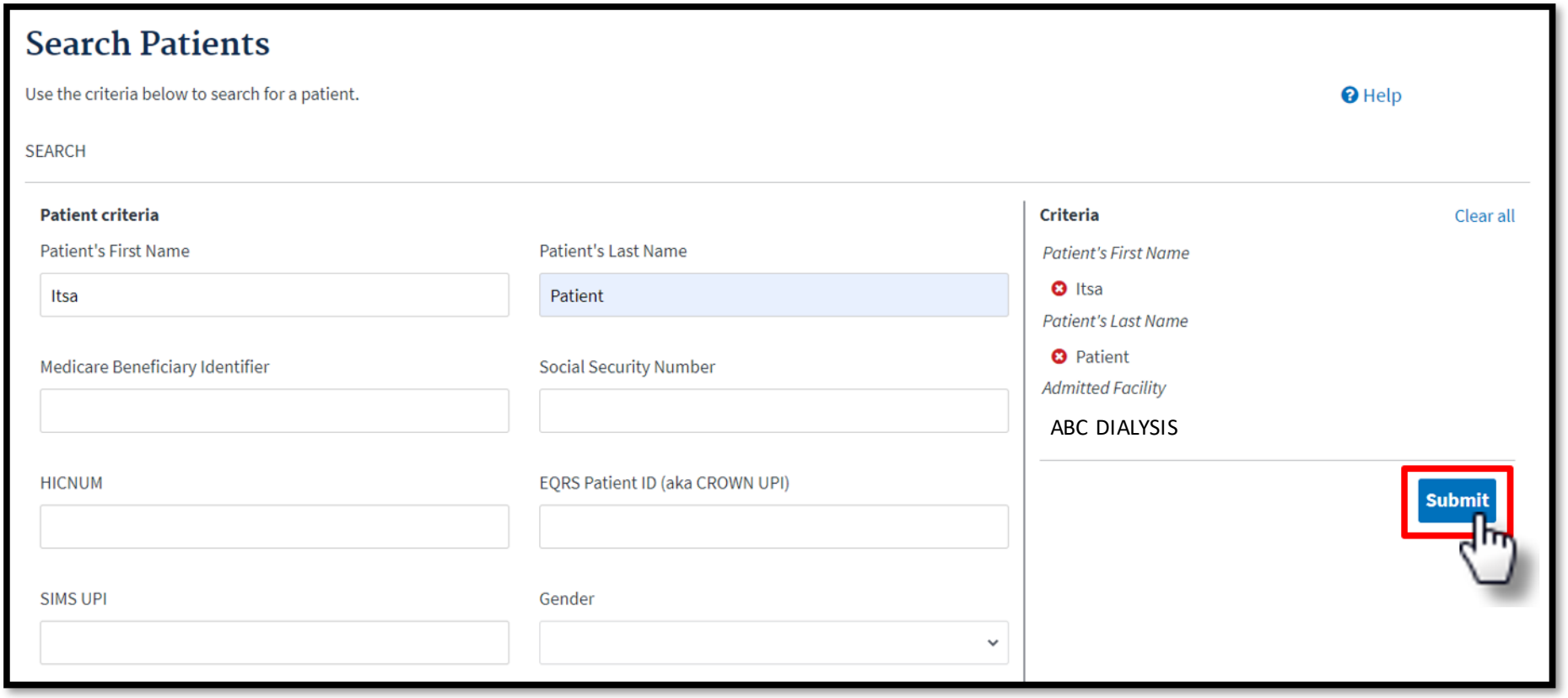
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



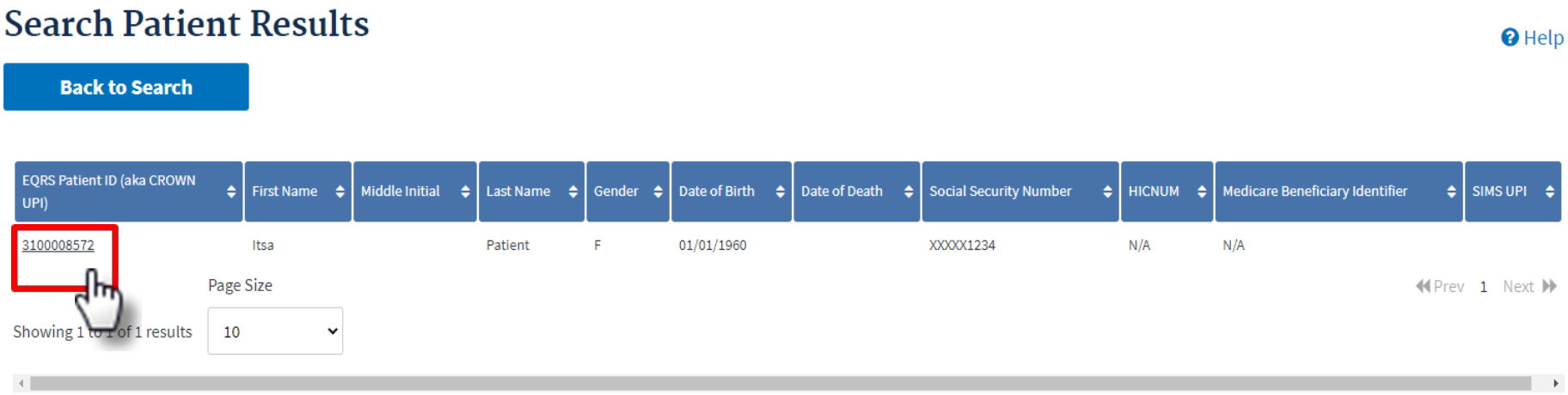
Enter Search Criteria

Enter search criteria to locate patient.



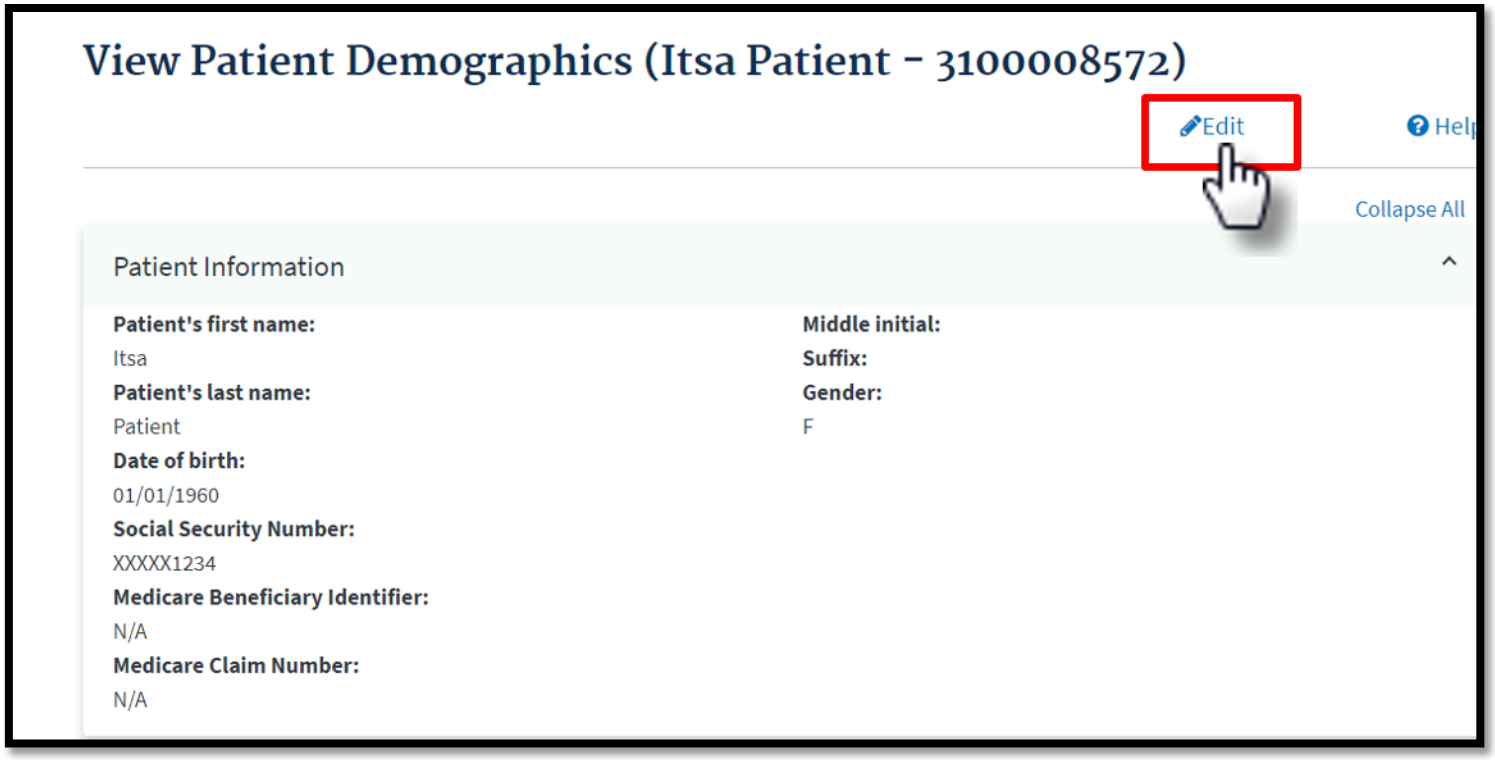
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



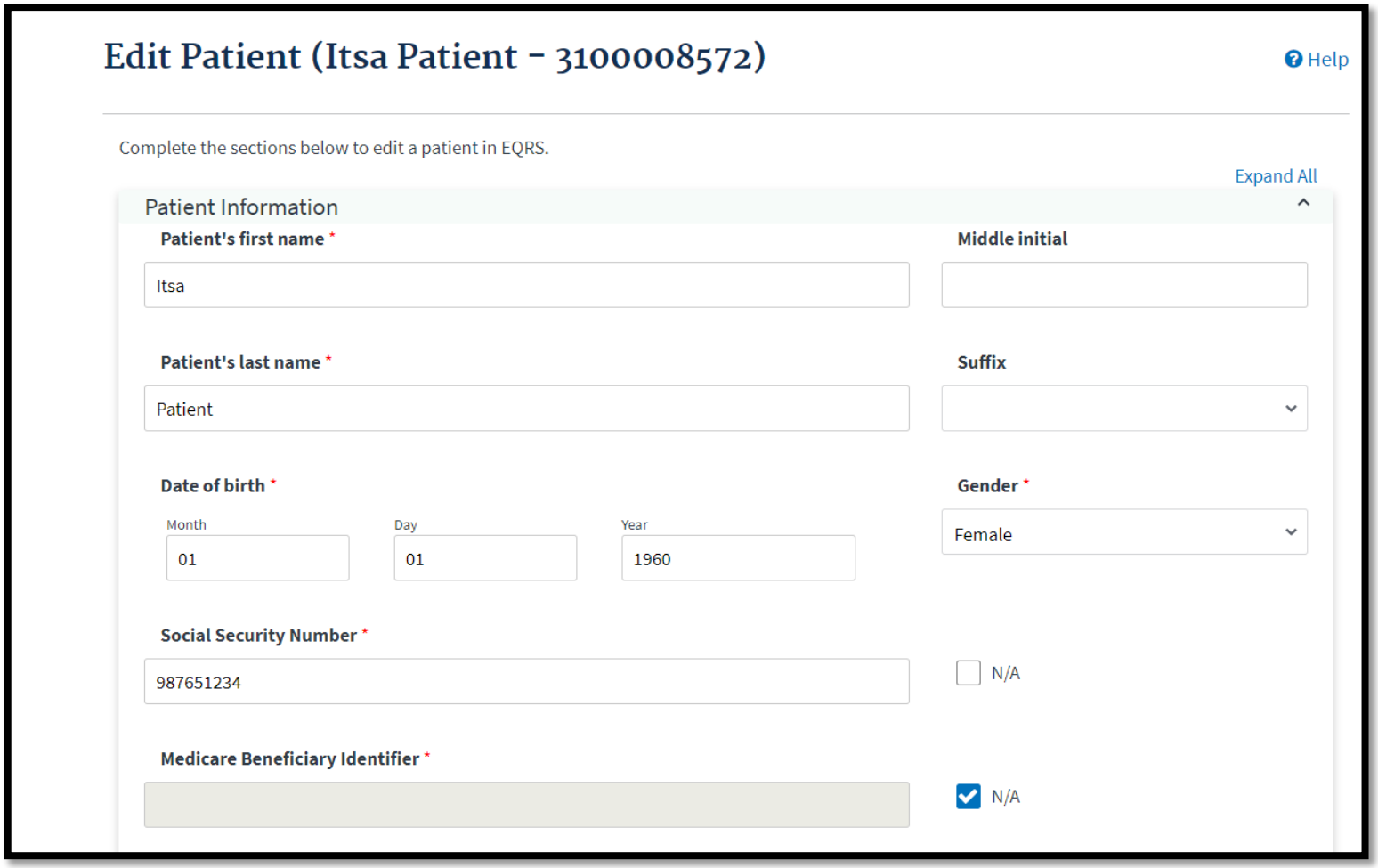
Click Edit

Click **Edit** to update the patient's information.



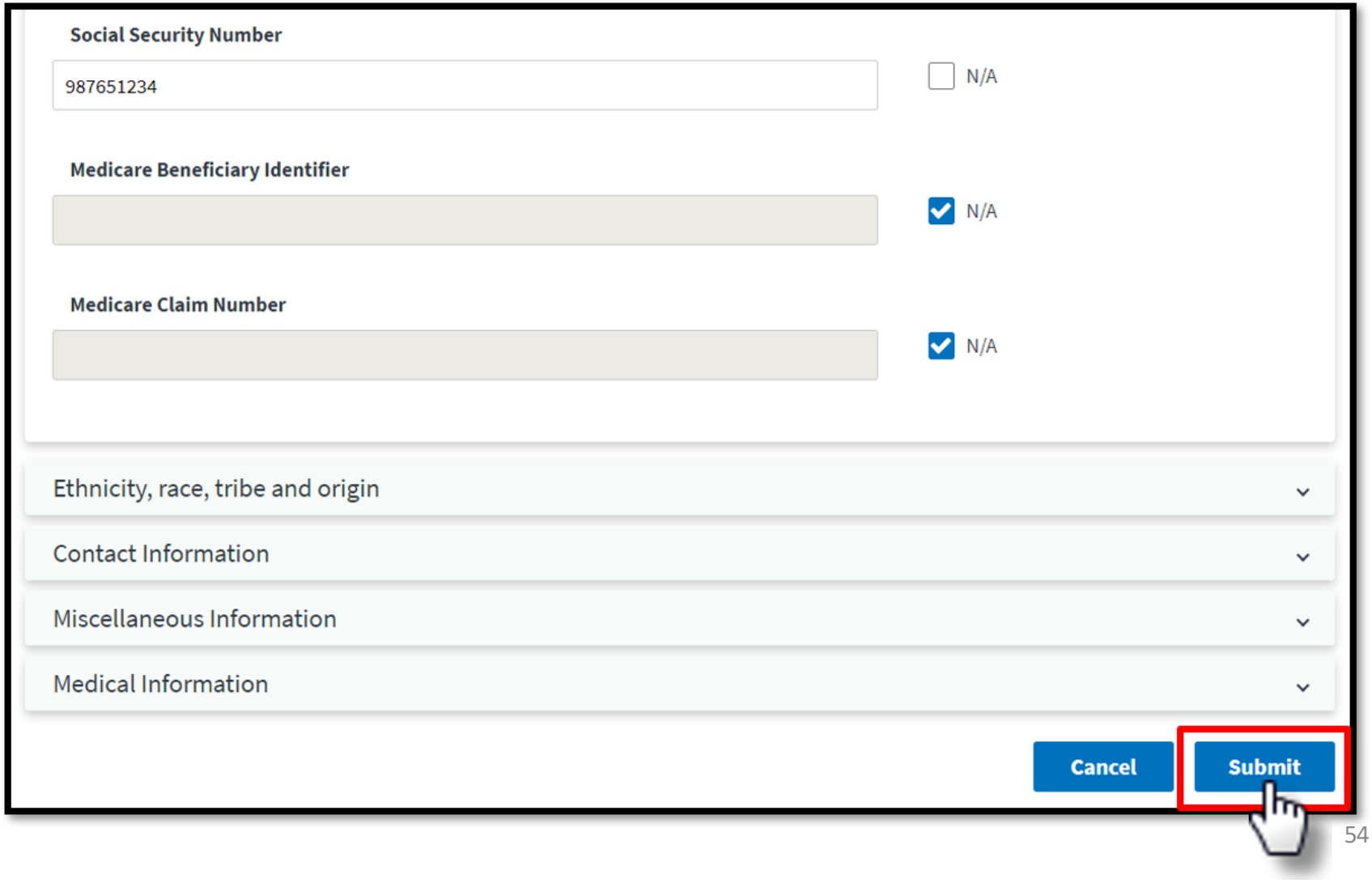
Enter Updates

Enter the desired updates.



Submit Updates

Click the **Submit** button to process the desired updates.



Successful Submission

EQRS displays "**Successfully edited patient**" message.

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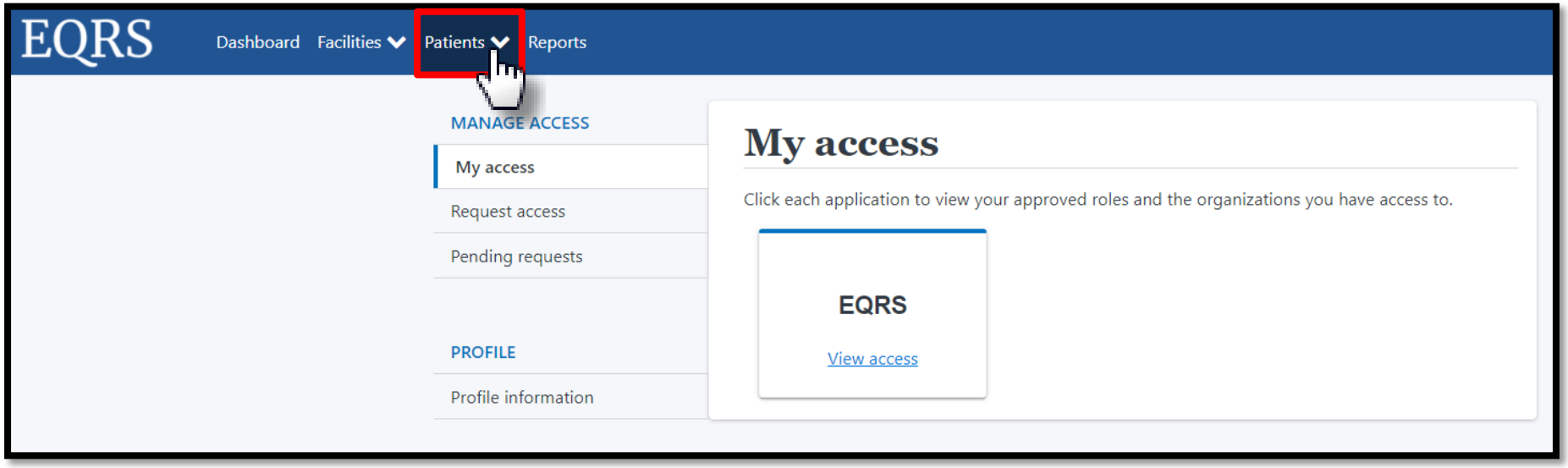
Submit an Initial CMS-2728

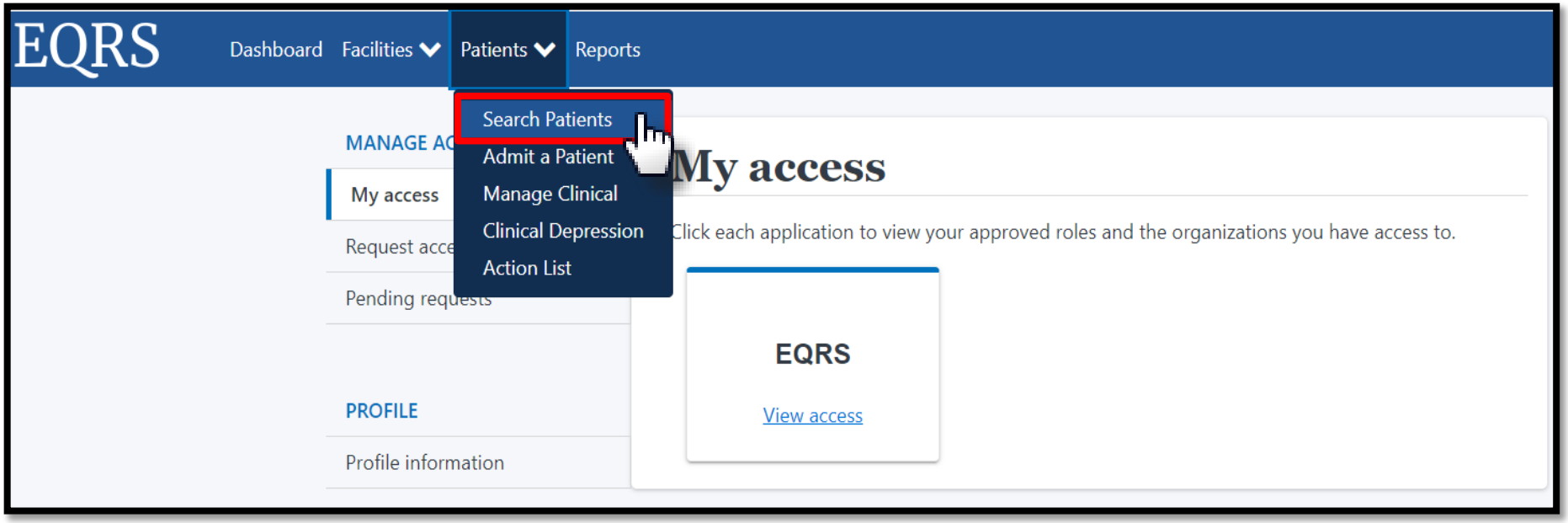
Click Patients

Click **Patients** in the navigation menu.



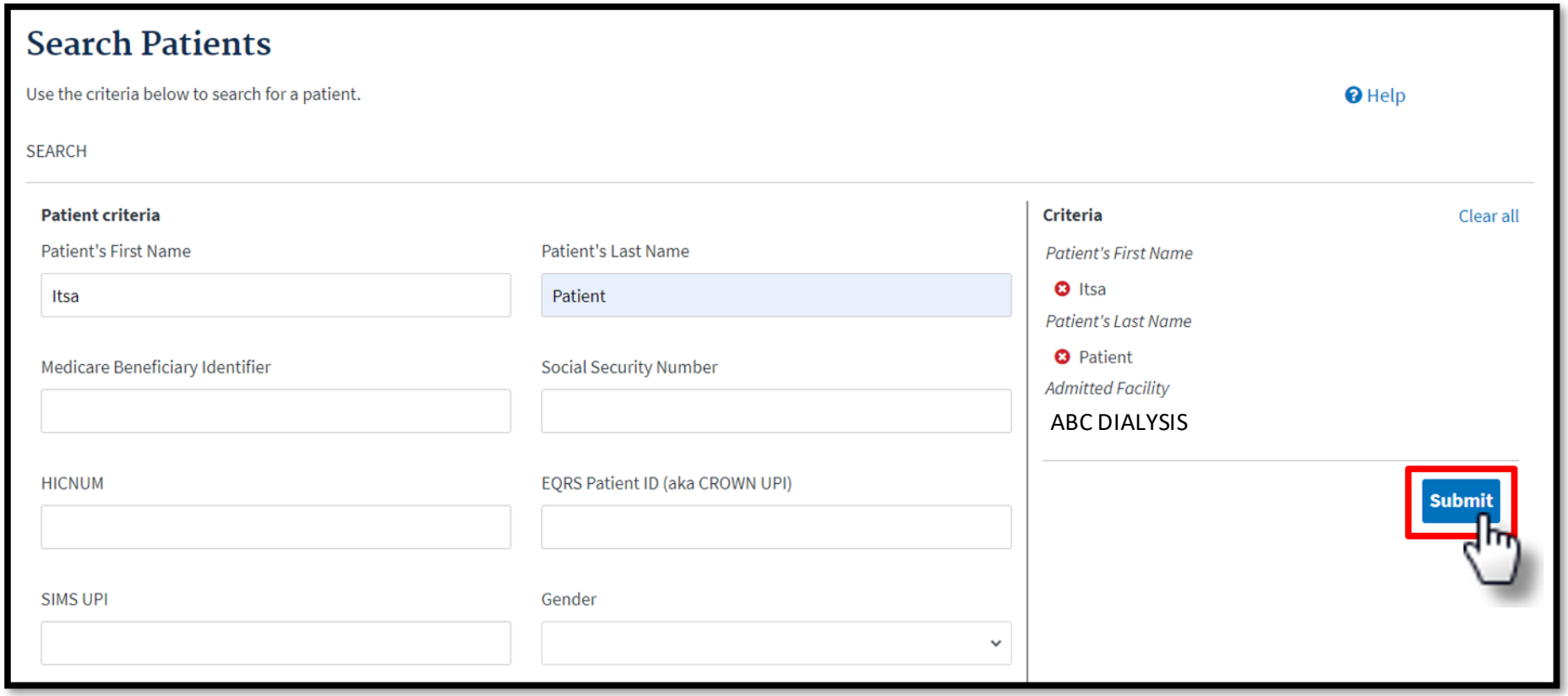
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



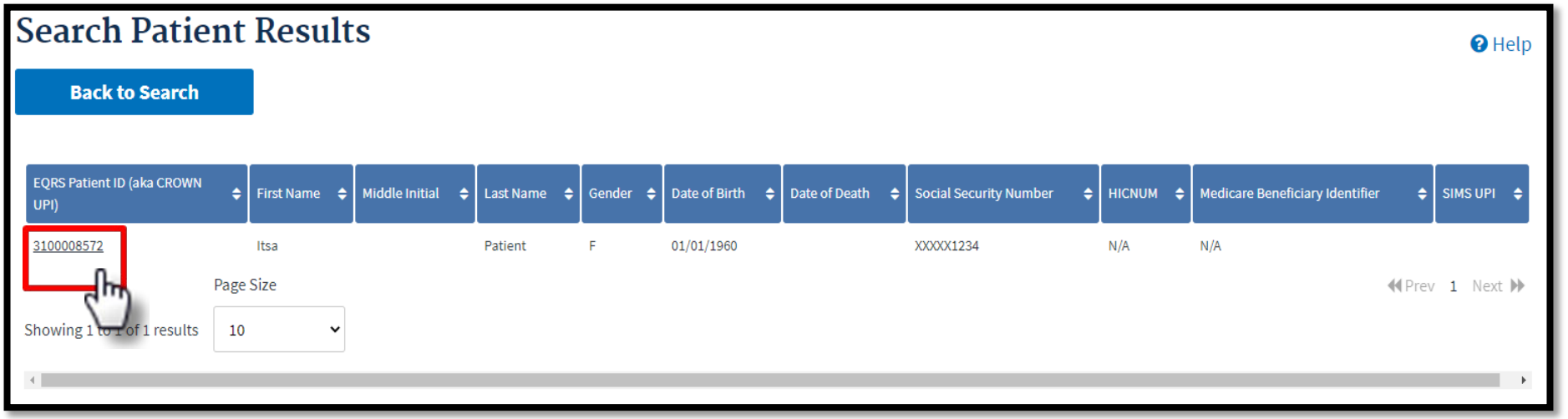
Enter Search Criteria

Enter search criteria to locate patient and click **Submit**.



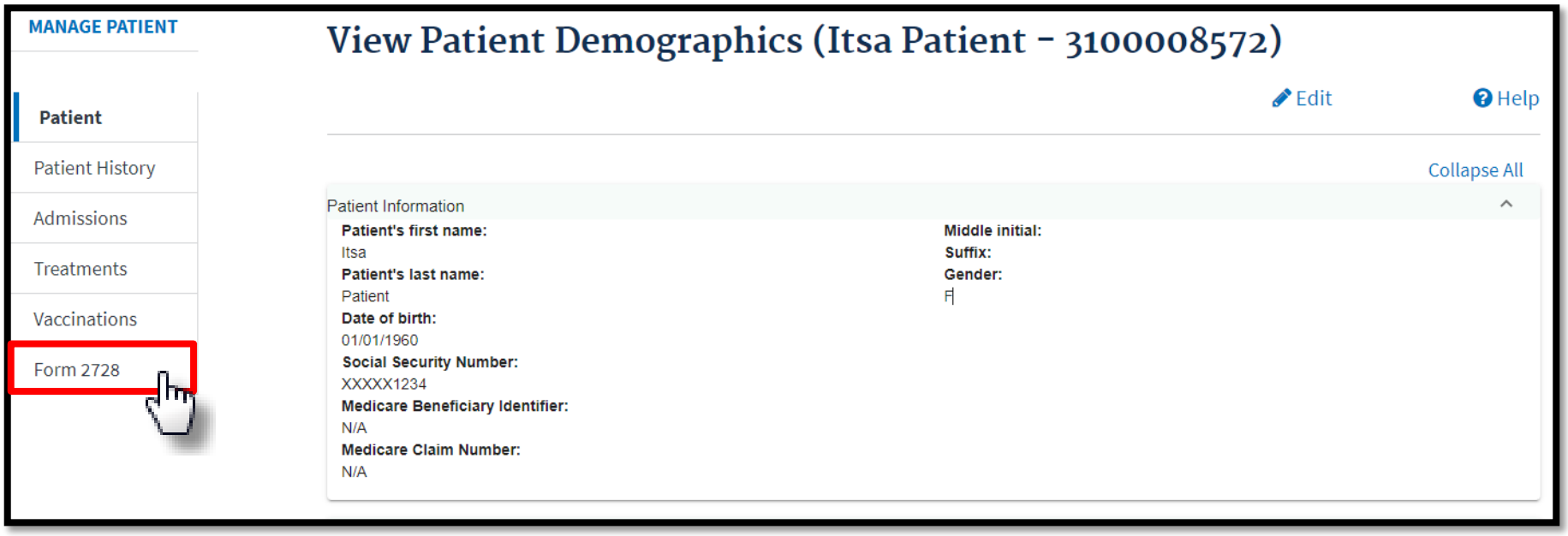
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



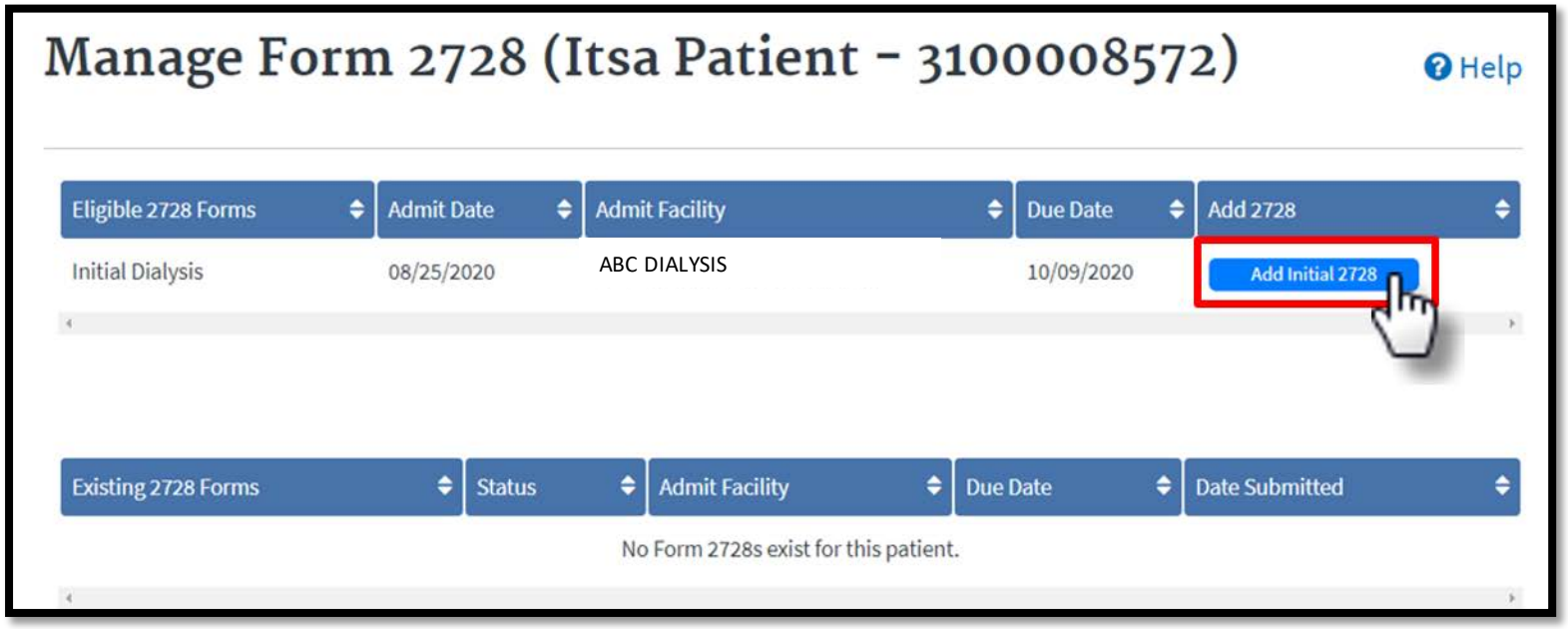
Click Form 2728

View the patient's demographics and click the **Form 2728** link.



Add Initial 2728

Click **Add Initial 2728**.



CMS-2728 Section A

Review and complete Section A, as needed.

A. COMPLETE FOR ALL ESRD PATIENTS - 3100022040

*Check One:

☑ Initial ☐ Re-entitlement ☐ Supplemental

(1) *Patient's Last Name	*First Name	MI
Patient	Ista	

(2) Medicare Beneficiary Identifier or Social Security Number	(3) *Date of Birth
	01/01/1960

(4) *Patient Mailing Address	(5) Phone Number:
*Address Line 1: Address Line 2: *Zip: *City: *State: IN	

CMS-2728 Section A (continued)

(6) *Sex
Male

(7) *Ethnicity
Not Hispanic or Latino

(8) Country/Area of Origin or Ancestry

(9) *Race
White
Name of Enrolled/Principal Tribe:

(10) *Is patient applying for ESRD Medicare coverage?

(11) *Current Medical Coverage

- [ ] Medicaid
- [ ] VA
- [x] Medicare
- [ ] Medicare Advantage
- [ ] Employer Group Health Insurance
- [ ] Other
- [ ] None

(12) *Height
191 Centimeters

(13) *Dry Weight
77 Kilograms

CMS-2728 Section A (continued)

(14) *Primary cause of Renal Failure

25040

Diabetes with renal manifestations Type 2

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

Prior:

Employed Part Time

Current:

Retired Due to Age/Preference

(16) *Co-Morbid Conditions

- [ ] a. Congestive heart failure
- [ ] b. Atherosclerotic heart disease ASHD
- [x] c. Other cardiac disease
- [ ] d. Cerebrovascular disease, CVA, TIA*
- [x] e. Peripheral vascular disease*
- [x] f. History of hypertension
- [ ] g. Amputation
- [ ] h. Diabetes, currently on insulin
- [x] i. Diabetes, on oral medications
- [ ] j. Diabetes, without medications
- [ ] k. Diabetic retinopathy
- [ ] l. Chronic obstructive pulmonary disease
- [ ] n. Malignant neoplasm, Cancer
- [ ] o. Toxic nephropathy
- [ ] p. Alcohol dependence
- [ ] q. Drug dependence*
- [ ] r. Inability to ambulate
- [ ] s. Inability to transfer
- [ ] t. Needs assistance with daily activities
- [ ] u. Institutionalized
- [ ] u1. Institutionalized - Assisted Living
- [ ] u2. Institutionalized - Nursing Home
- [ ] u3. Institutionalized - Other Institution
- [ ] v. Non-renal congenital abnormality

CMS-2728 Section A (continued)

(17) *Prior to ESRD therapy:

a. Did patient receive exogenous erythropoietin or equivalent?	No	If Yes, answer:	
b. Was patient under care of nephrologist?	Yes	If Yes, answer:	
c. Was patient under care of kidney dietitian?	No	If Yes, answer:	
d. What access was used on first outpatient dialysis:	Catheter		
If not AVF, then: a. Is maturing AVF present?	Yes		
b. Is maturing graft present?	No		

CMS-2728 Section A (continued)

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

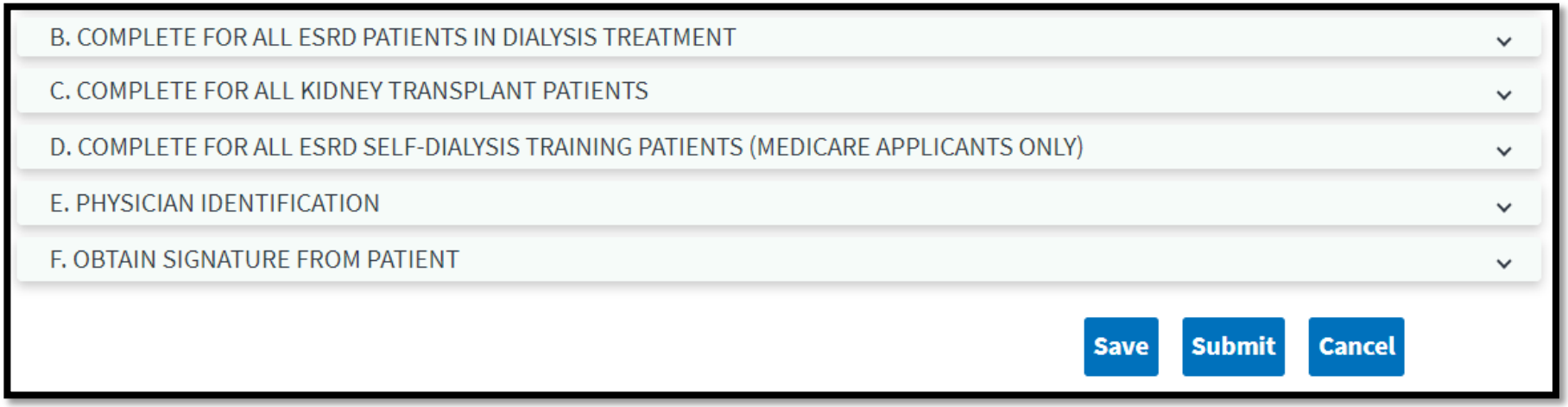
Laboratory Test	Value	Date
a.1 Serum Albumin (g/dl)		Month: MM Day: DD Year: YYYY
a.2 Serum Albumin Lower Limit		
a.3 Lab Method Used (BCG or BCP)		
b. *Serum Creatinine (mg/dl)	8.0	Month: 06 Day: 20 Year: 2021
c. Hemoglobin (g/dl)		Month: MM Day: DD Year: YYYY
d. HbA1c		Month: MM Day: DD Year: YYYY

CMS-2728 Section A (continued)

e. Lipid Profile TC		Month Day Year MM DD YYYY
LDL		Month Day Year MM DD YYYY
HDL		Month Day Year MM DD YYYY
TG		Month Day Year MM DD YYYY

Select Next Accordion Section

Click on the desired section to expand and view.



CMS-2728 Section B

Review and complete Section B, as needed.

(19) Name of Dialysis Facility	(20a) Medicare Provider Number (for item 19)	(20b) Facility NPI (for item 19)
ABC DIALYSIS		ABC DIALYSIS

(21) *Primary Dialysis Setting	(22) *Primary Type of Dialysis
Dialysis Facility/Center	Hemodialysis Sessions Per Week: 3 / Hours Per Session: 3.5

(23) *Date Regular Chronic Dialysis Began	(24) *Date Patient Started Chronic Dialysis at Current Facility
Month Day Year MM DD YYYY	ABC DIALYSIS

(25) *Has Patient Been Informed of Kidney Transplant Options?	(26) If patient NOT informed of transplant options, please check all that apply
	☐ Patient declined information ☐ Patient is not eligible medically ☐ Patient has not been assessed ☐ Other

CMS-2728 Section C

Review and complete Section C, as needed.

(27) *Date of Transplant	(28) Name of Transplant Hospital
(29a) Medicare Provider Number for Item 28	(29b) Facility NPI for Item 28
Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation.	
(30) Enter Date	(31) Name of Preparation Hospital
(32a) Medicare Provider Number for Item 31	(32b) Facility NPI for Item 31
(33) *Current Status of Transplant (if Functioning, skip items 35 and 36)	(34) *Type of Donor
(35) If Non-Functioning, Date of Return to Regular Dialysis	(36) Current Dialysis Treatment Site

CMS-2728 Section D

Review and complete Section D, as applicable.

(37) Name of Training Provider Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number	(38a) Medicare Provider Number of Training Provider (for item 37)	(38b) NPI of Training Provider

(39) Date Training Began Month Day Year MM DD YYYY	(40) Type of Training

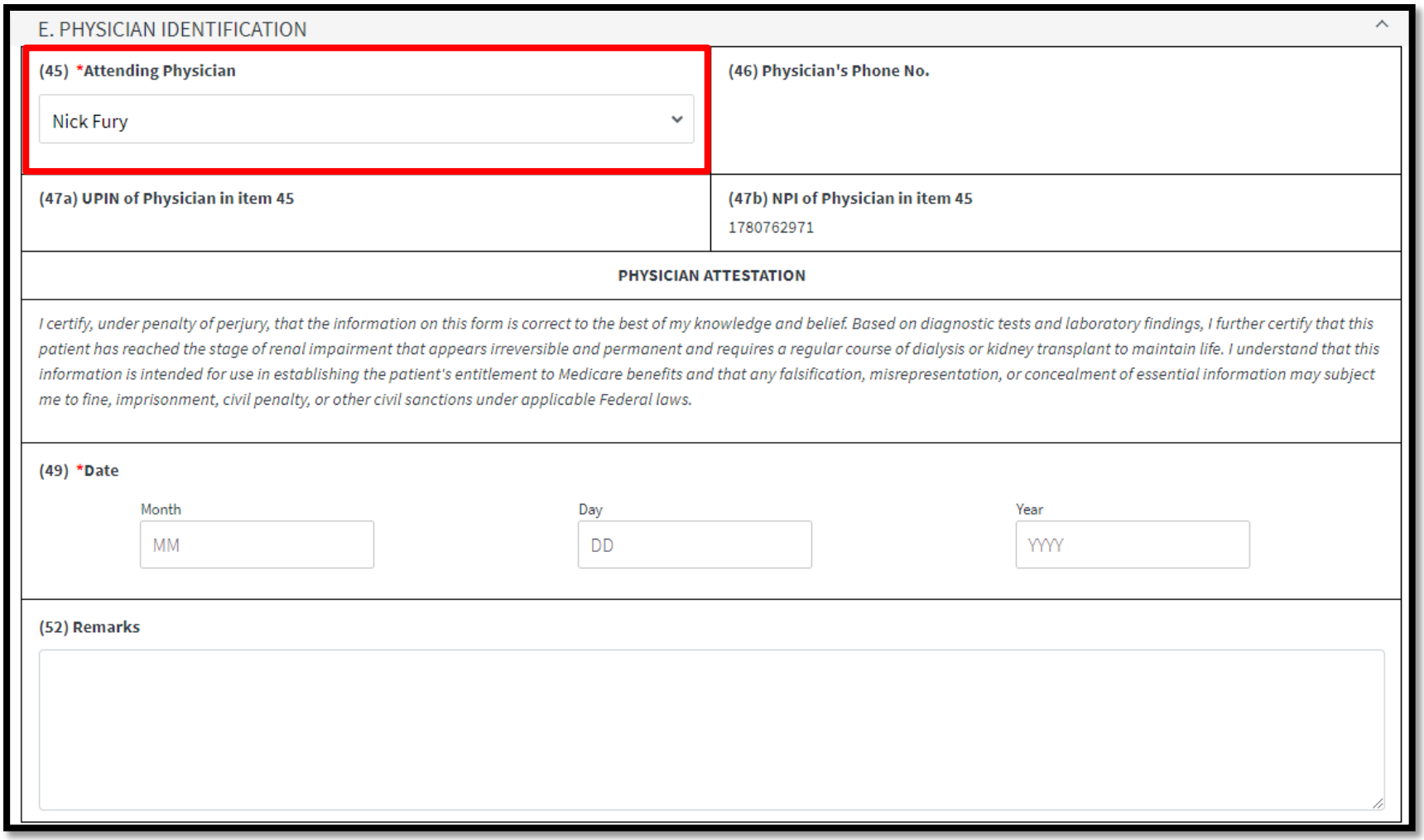
(41) This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis	(42) Date When Patient Completed, or is Expected to Complete, Training Month Day Year MM DD YYYY

I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.

(43) Printed Name and Signature of Physician personally familiar with the patient's training	Month Day Year MM DD YYYY	(44a) UPIN of Physician in item 43	(44b) NPI of Physician in item 43

CMS-2728 Section E

Select the Attending Physician.



E. PHYSICIAN IDENTIFICATION

(45) *Attending Physician

Nick Fury

(46) Physician's Phone No.

(47a) UPIN of Physician in item 45

(47b) NPI of Physician in item 45

1780762971

PHYSICIAN ATTESTATION

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

(49) *Date

Month: MM

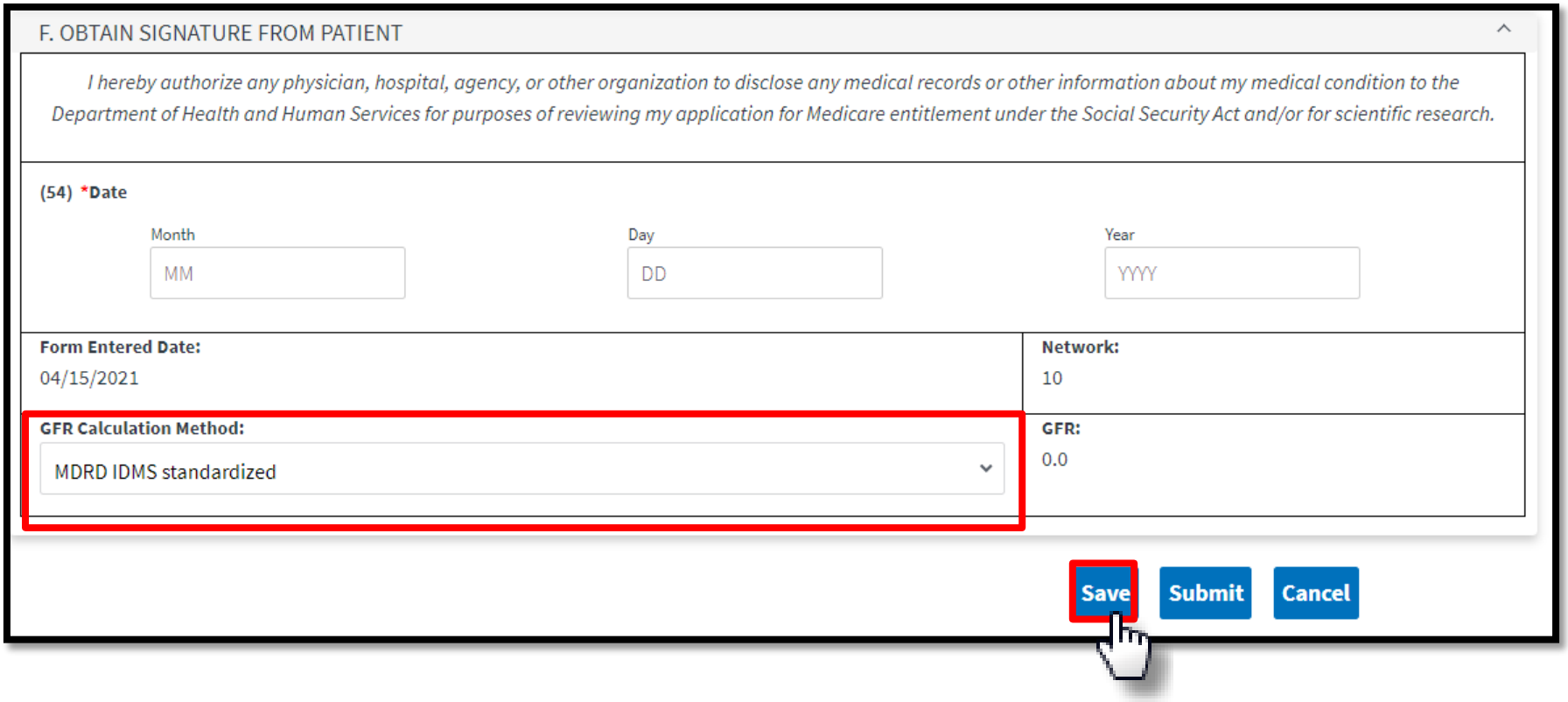
Day: DD

Year: YYYY

(52) Remarks

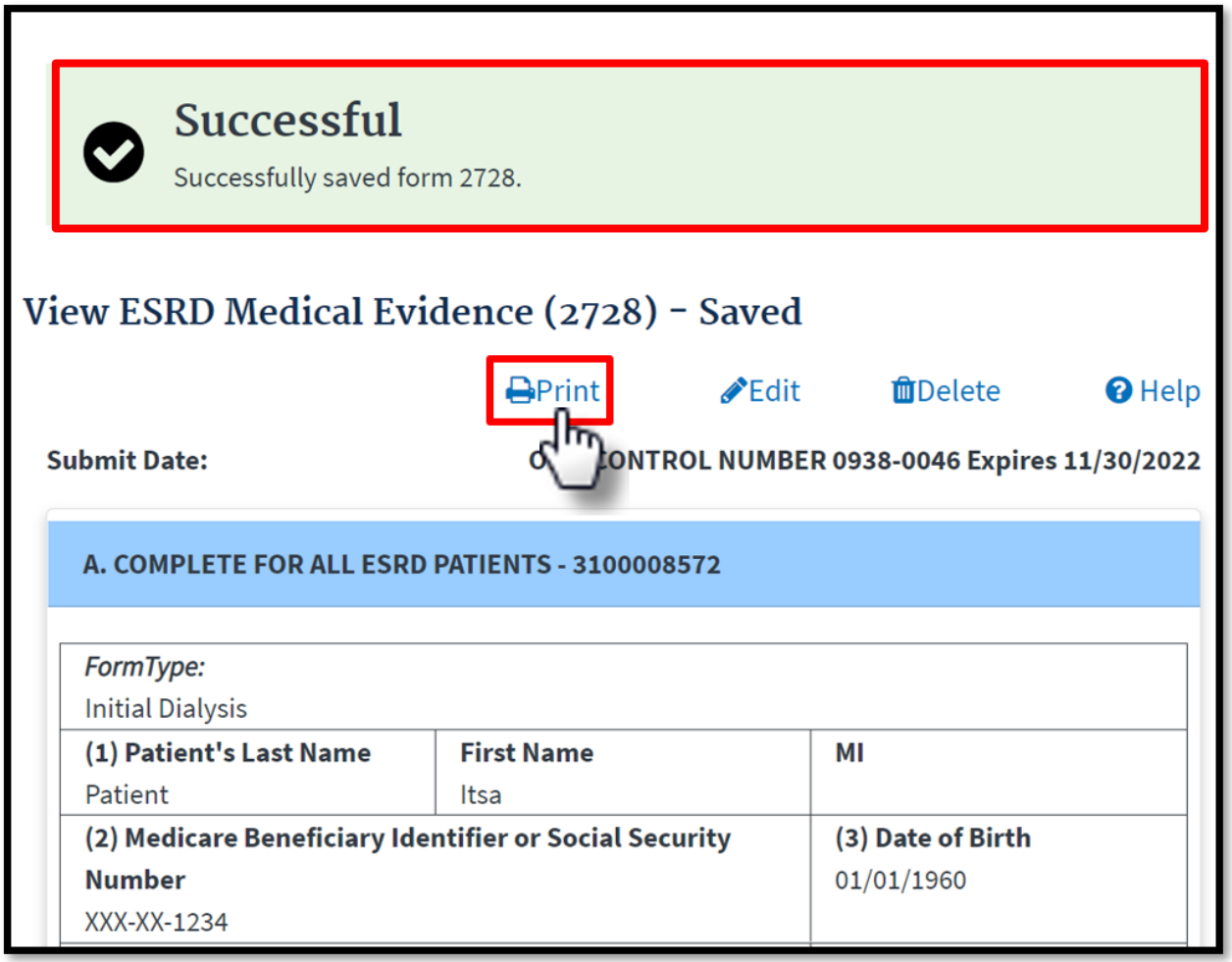
Click Save

Select the GFR Calculation Method and click **Save**.



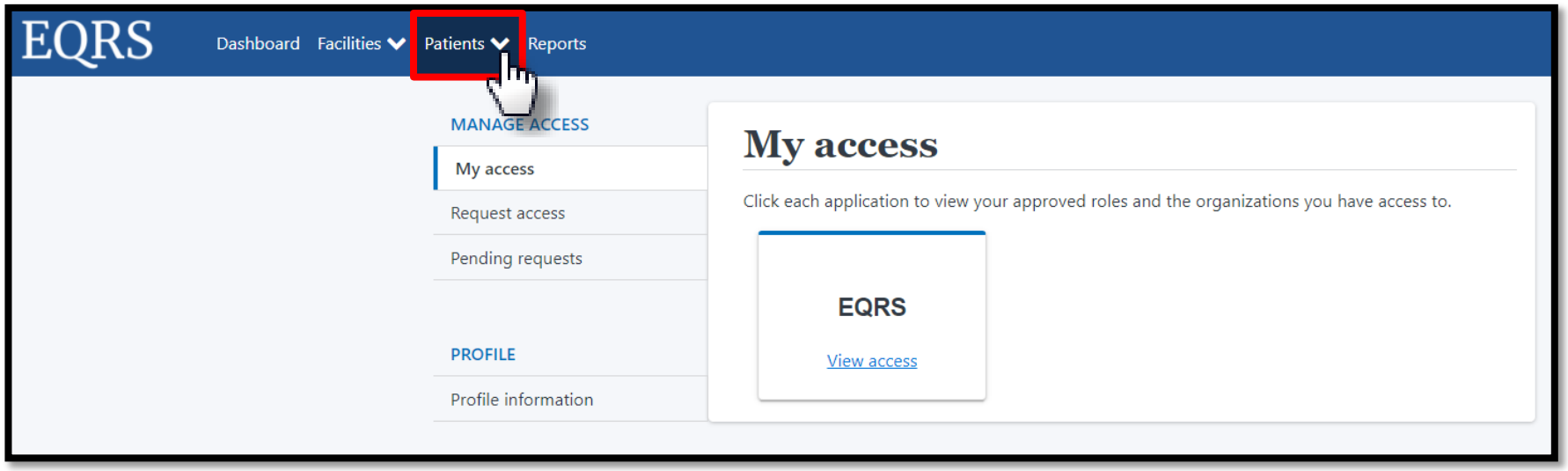
Select Print

EQRS displays the "**Successfully saved form 2728**" message. Click the **Print** link.



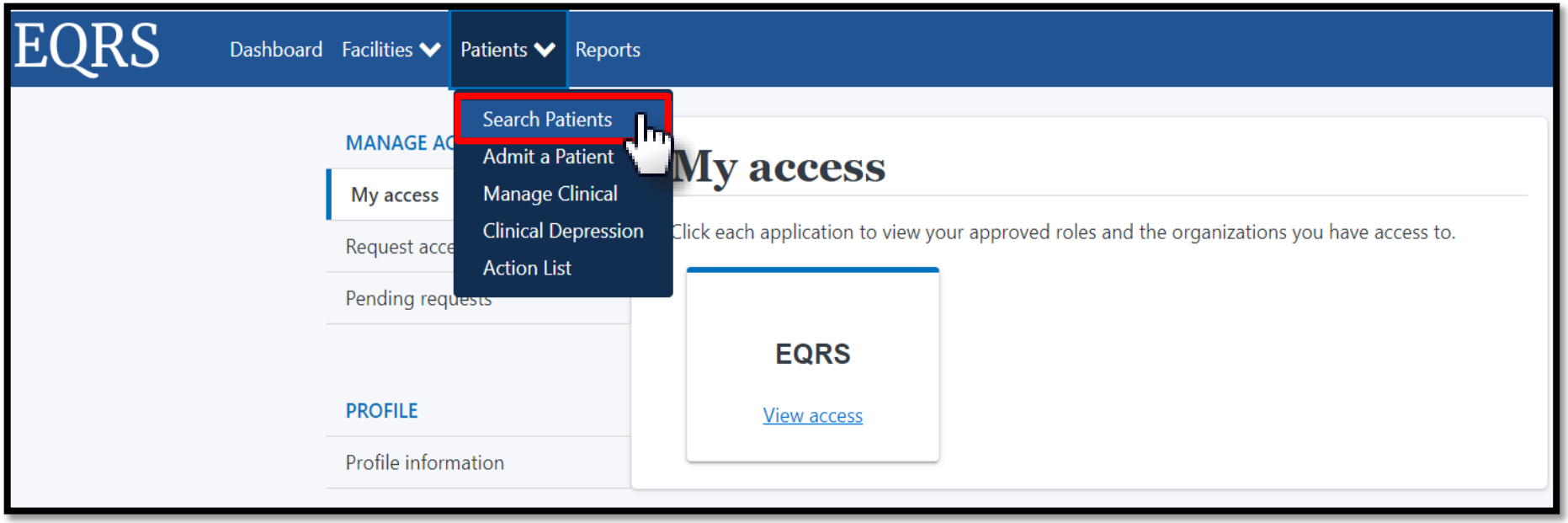
Form Signed: Click Patients

Click **Patients** in the navigation menu.



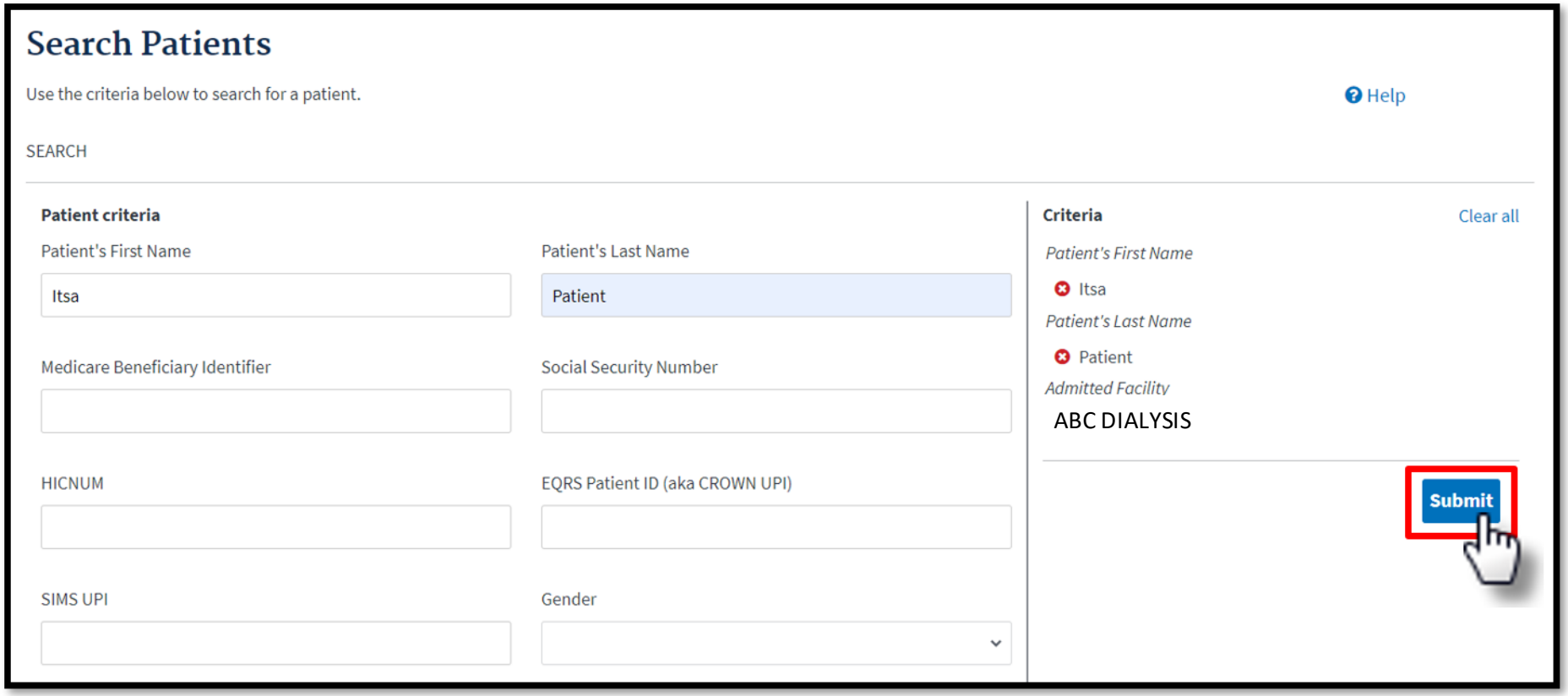
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



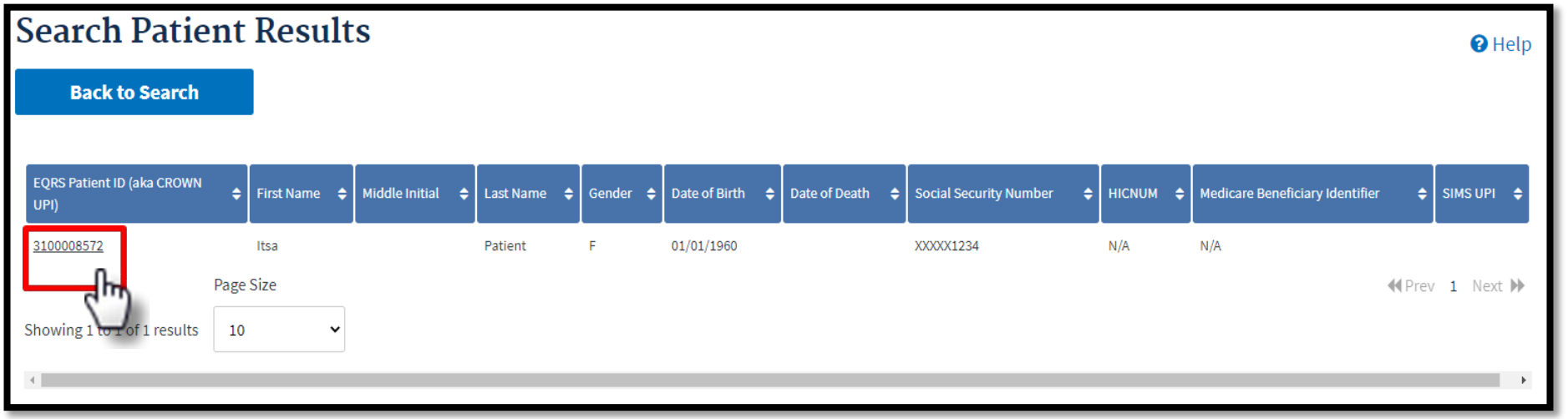
Enter Search Criteria

Enter search criteria to locate patient and click **Submit**.



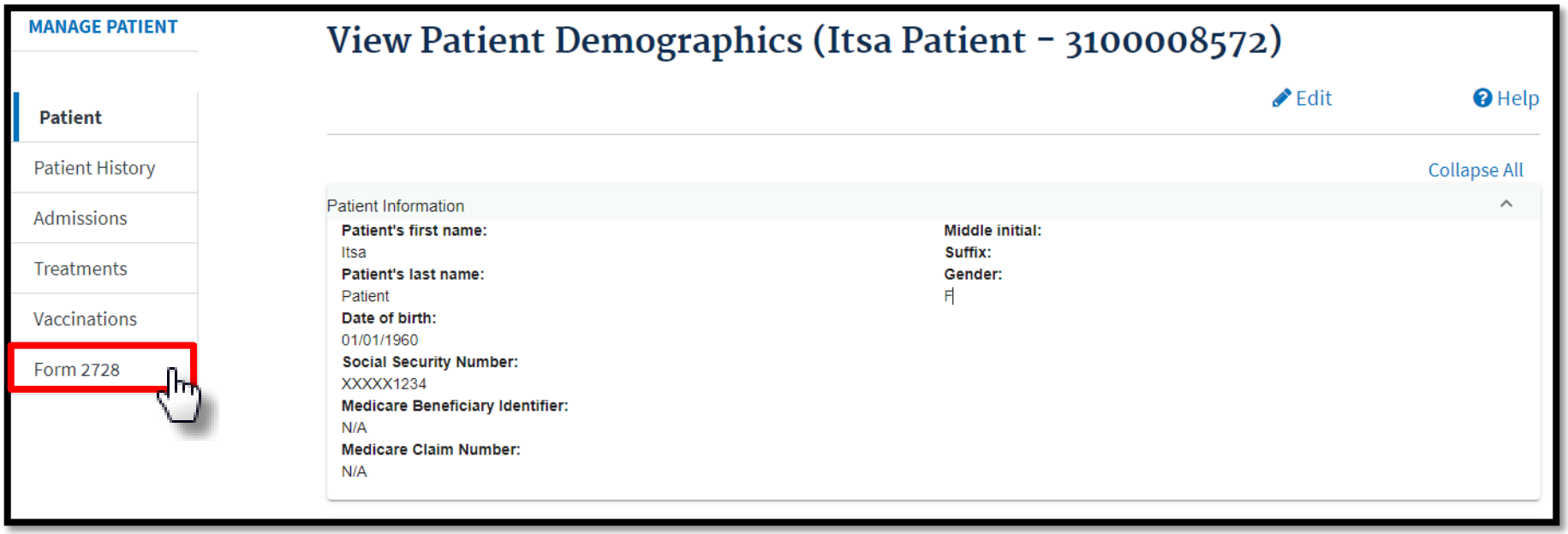
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



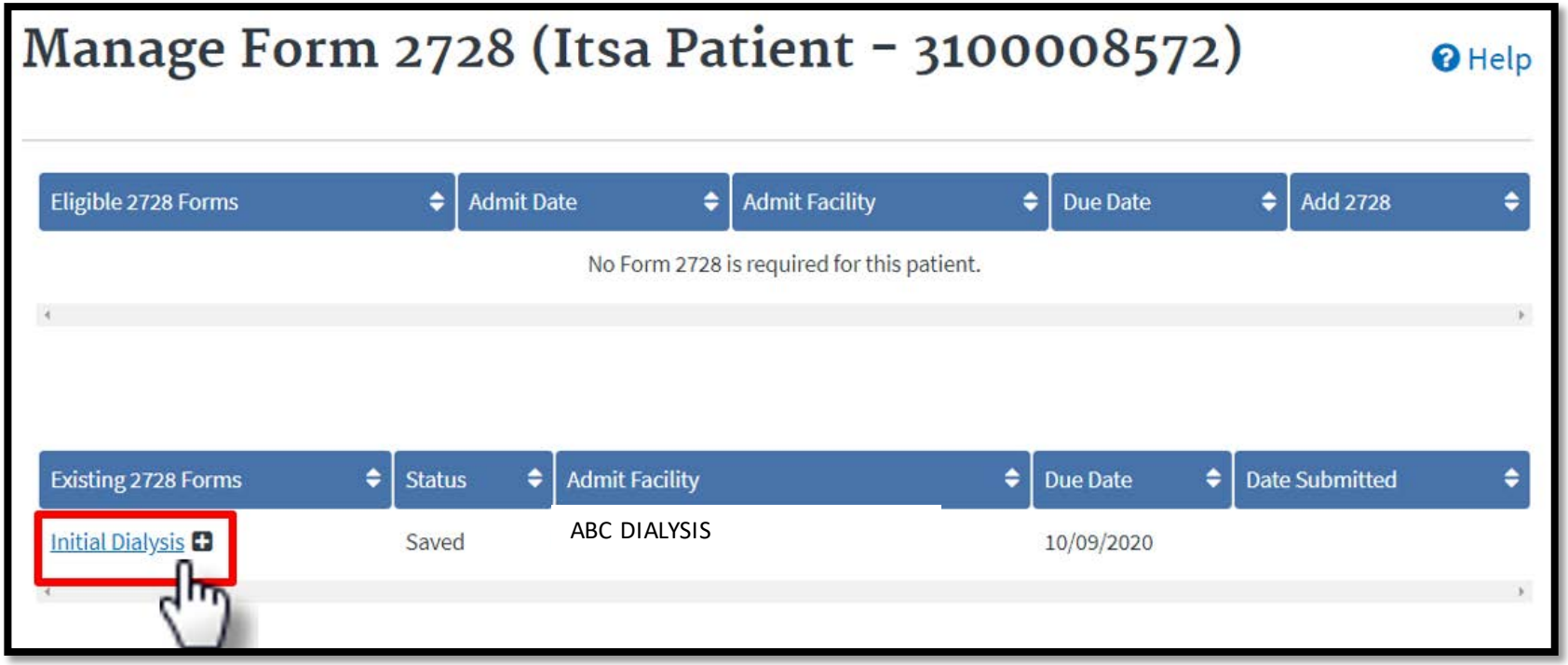
Click Form 2728

View the patient's demographics and click the **Form 2728** link.



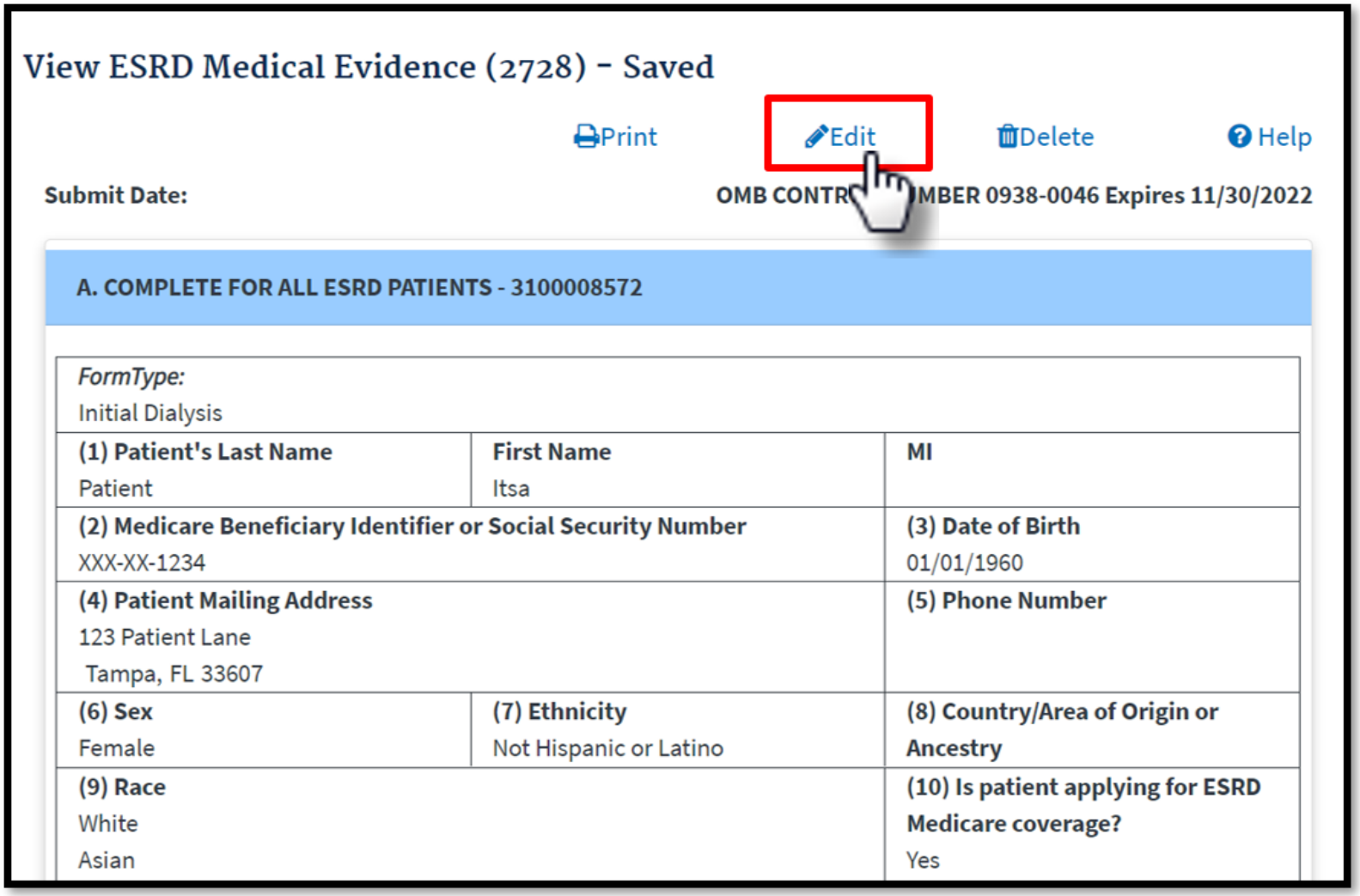
Existing 2728 Forms: Initial Dialysis

Click the **Initial Dialysis** link.



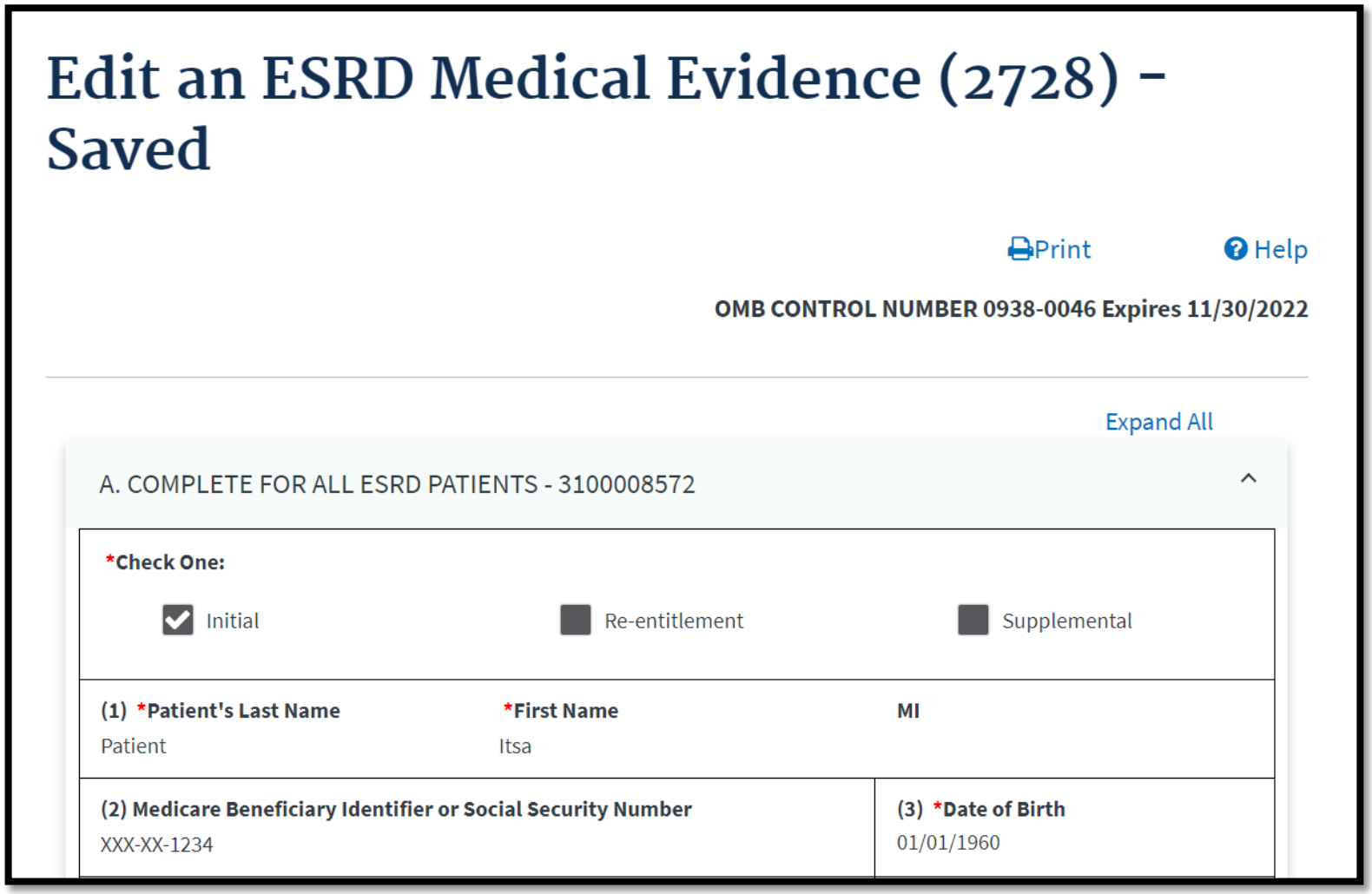
Click Edit

Click the **Edit** link.



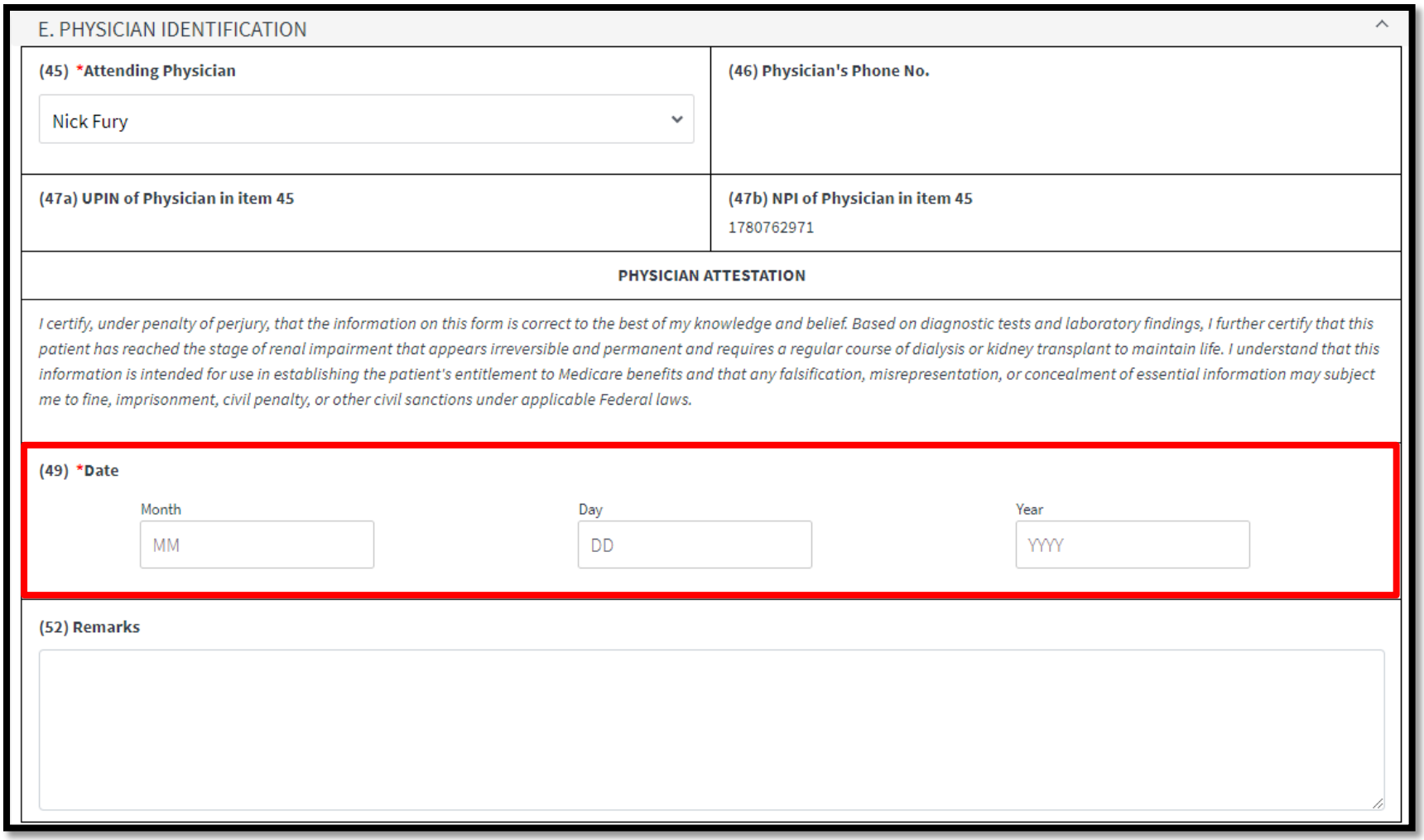
View Section E

Scroll down to Section E.



Enter Date Physician Signed

Enter the date the physician signed the form.



E. PHYSICIAN IDENTIFICATION

(45) *Attending Physician	(46) Physician's Phone No.
Nick Fury	
(47a) UPIN of Physician in item 45	**(47b) NPI of Physician in item 45**
	1780762971

PHYSICIAN ATTESTATION

I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.

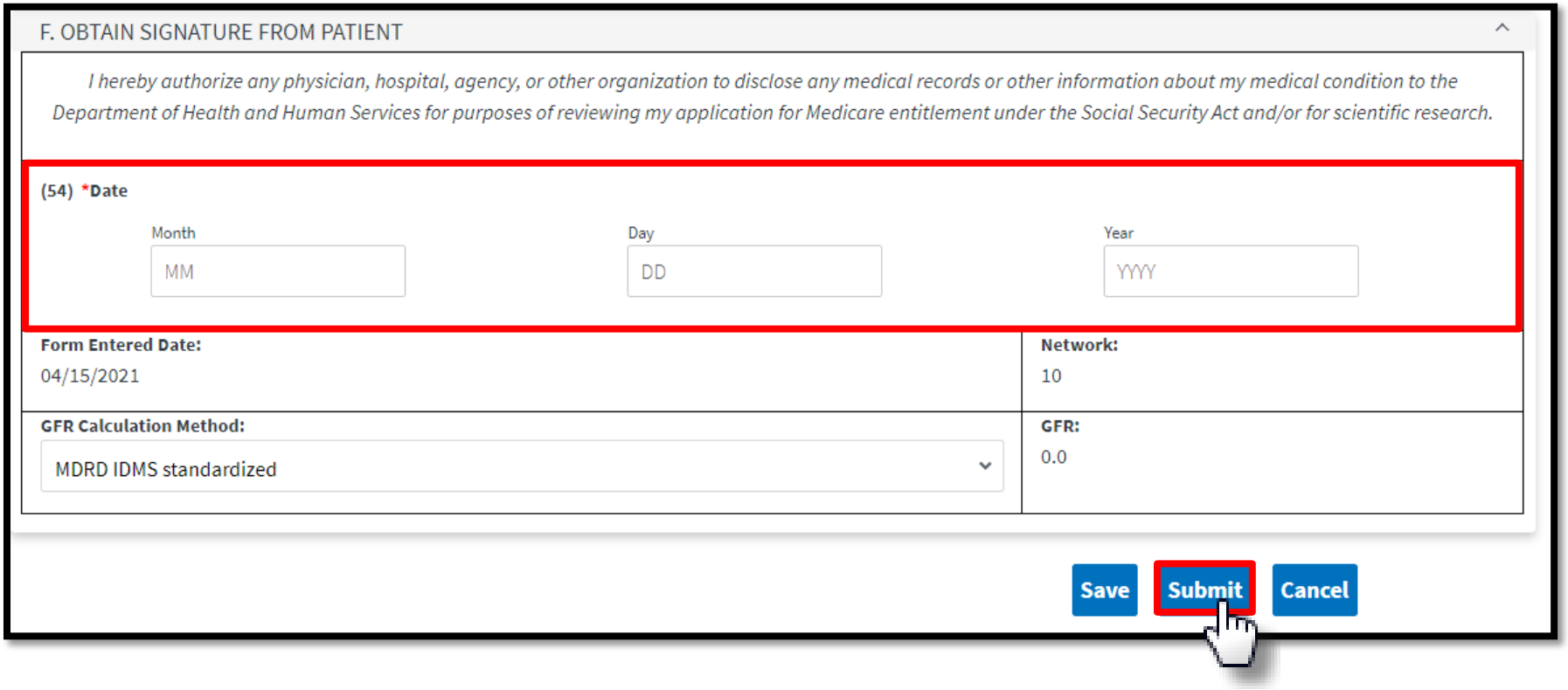
(49) *Date

Month	Day	Year
MM	DD	YYYY

(52) Remarks

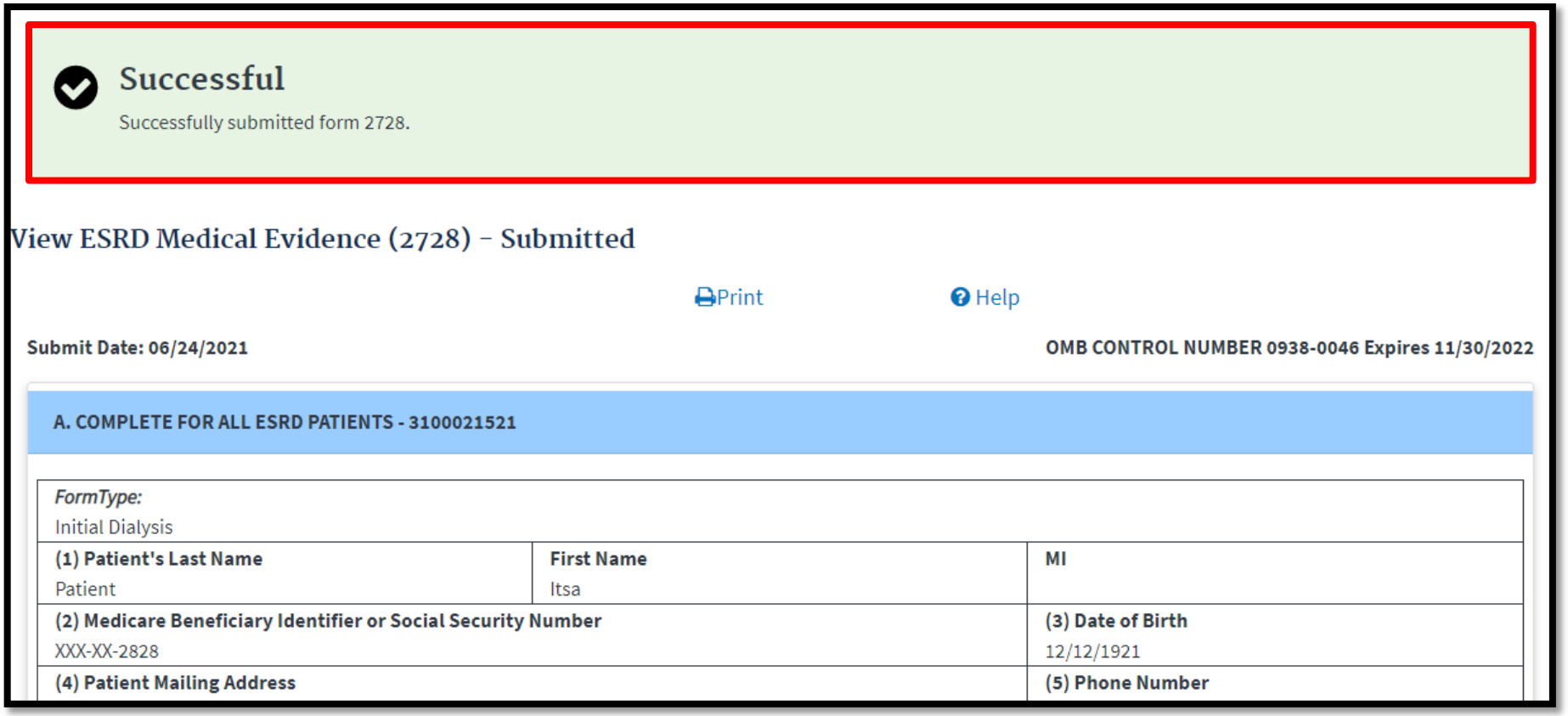
Enter Date Patient Signed and Submit

Enter the date the patient signed the form and click **Submit**.



Successful Submission

EQRS displays the "**Successfully submitted form 2728**" message.



Successful

Successfully submitted form 2728.

View ESRD Medical Evidence (2728) – Submitted

Print Help

Submit Date: 06/24/2021

OMB CONTROL NUMBER 0938-0046 Expires 11/30/2022

A. COMPLETE FOR ALL ESRD PATIENTS - 3100021521

FormType: Initial Dialysis		
(1) Patient's Last Name Patient	**First Name** Itsa	**MI**
(2) Medicare Beneficiary Identifier or Social Security Number XXX-XX-2828		**(3) Date of Birth** 12/12/1921
(4) Patient Mailing Address		**(5) Phone Number**

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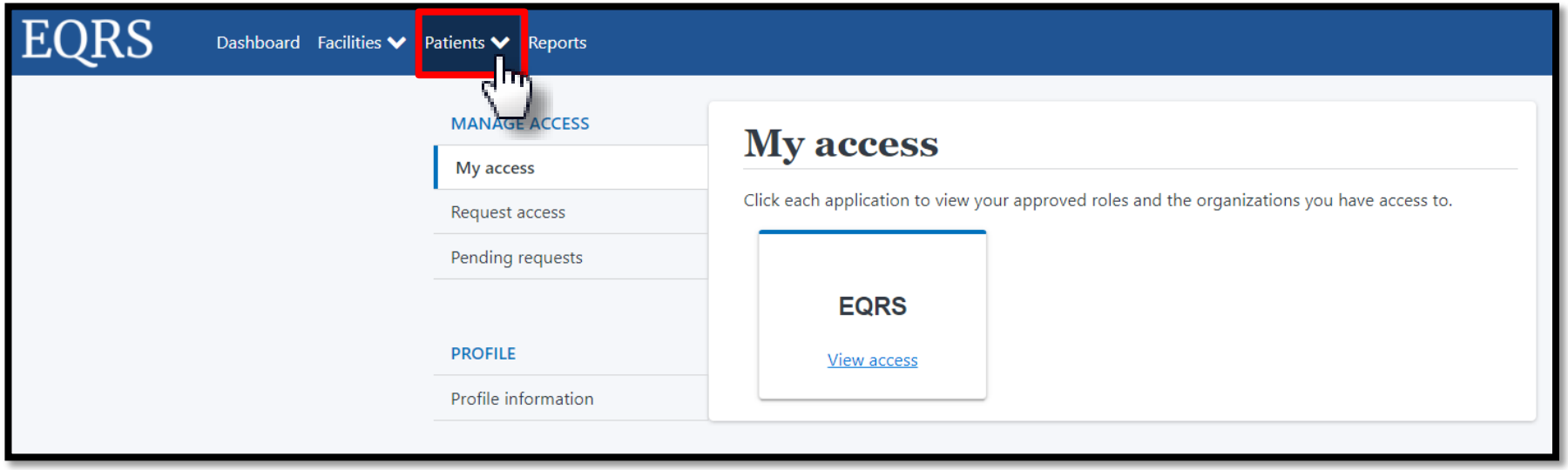
Add Treatment Information

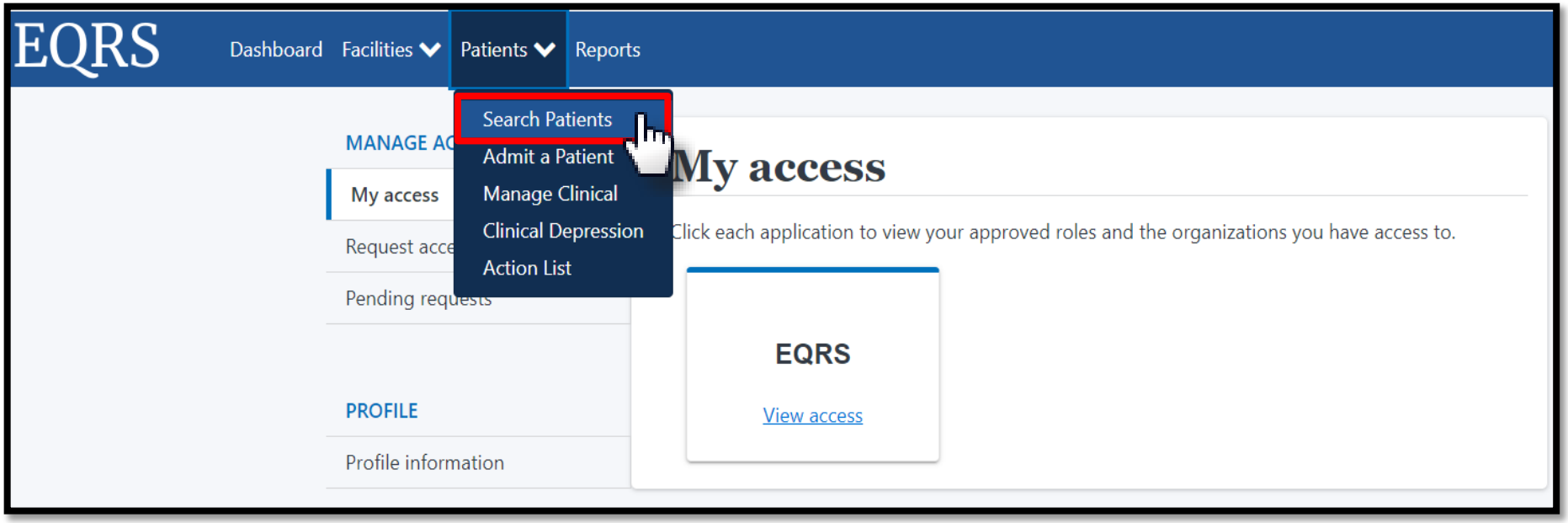
Click Patients

Click **Patients** in the navigation menu.



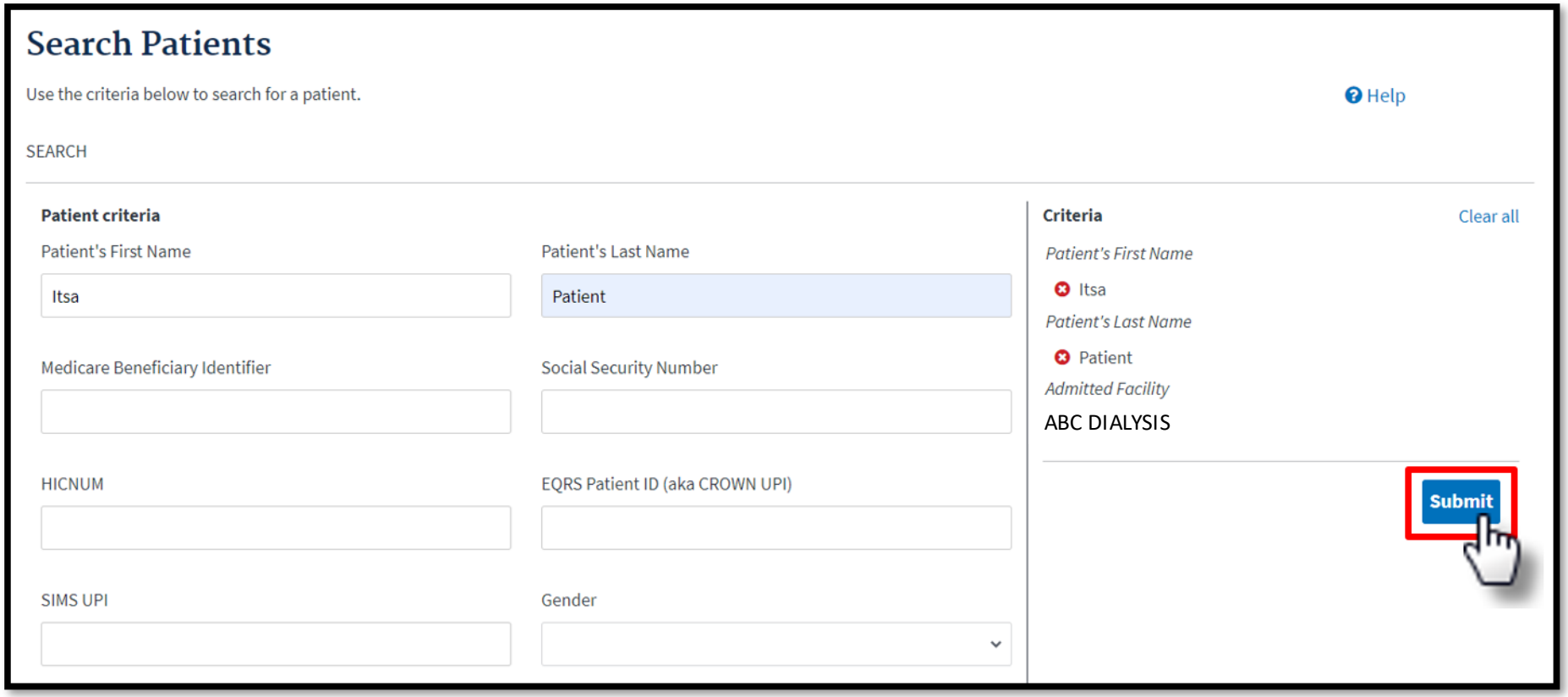
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



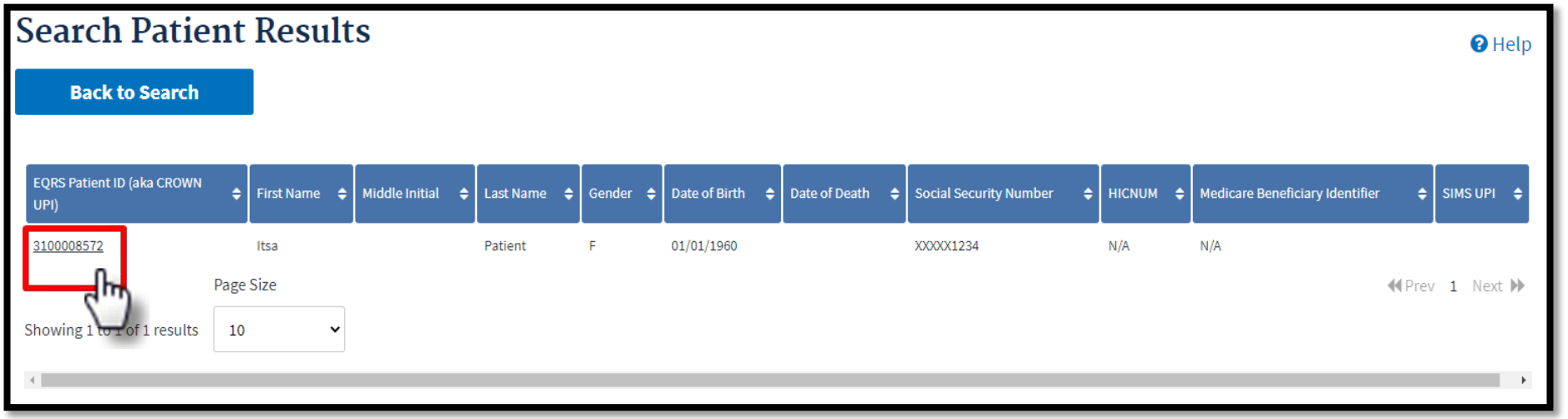
Enter Search Criteria

Enter search criteria to locate patient and click **Submit**.



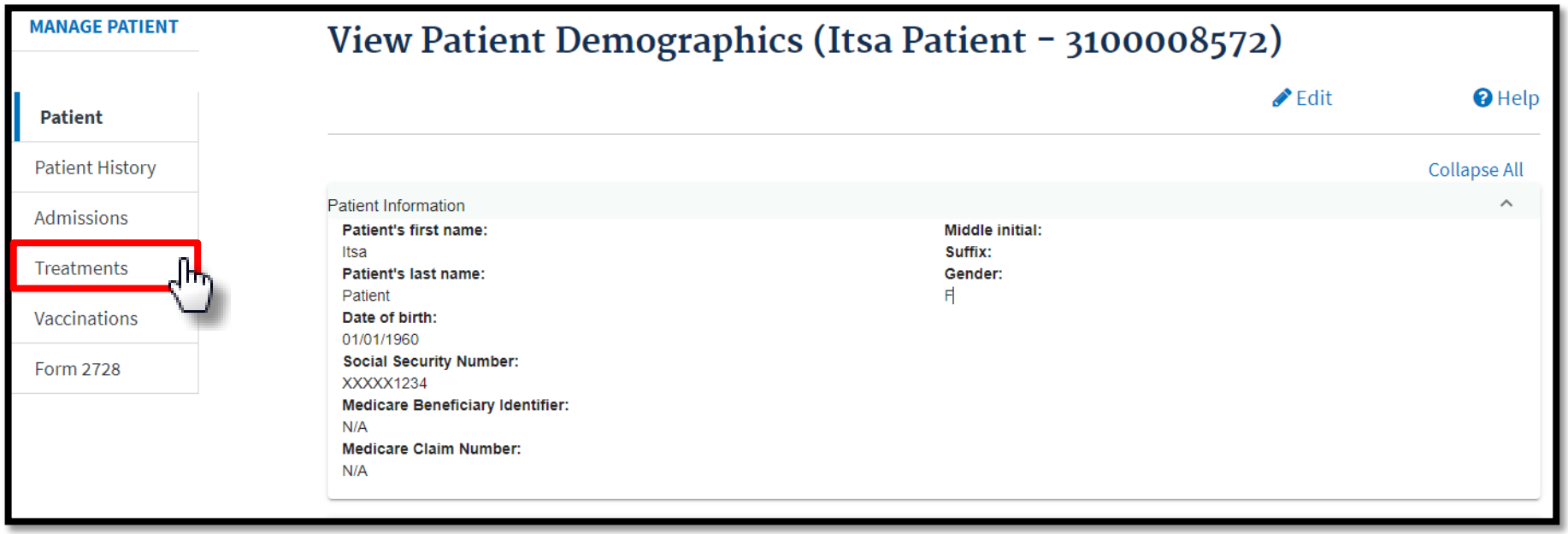
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



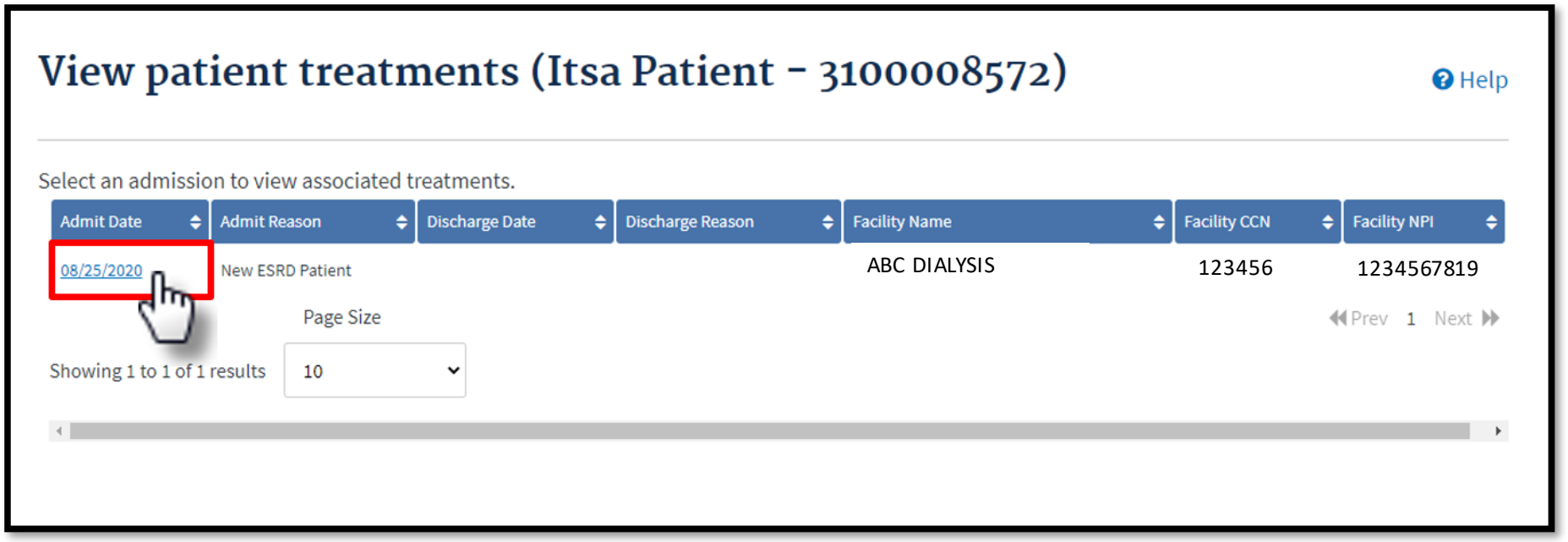
Click Treatments

View the patient's demographics and click the **Treatments** link.



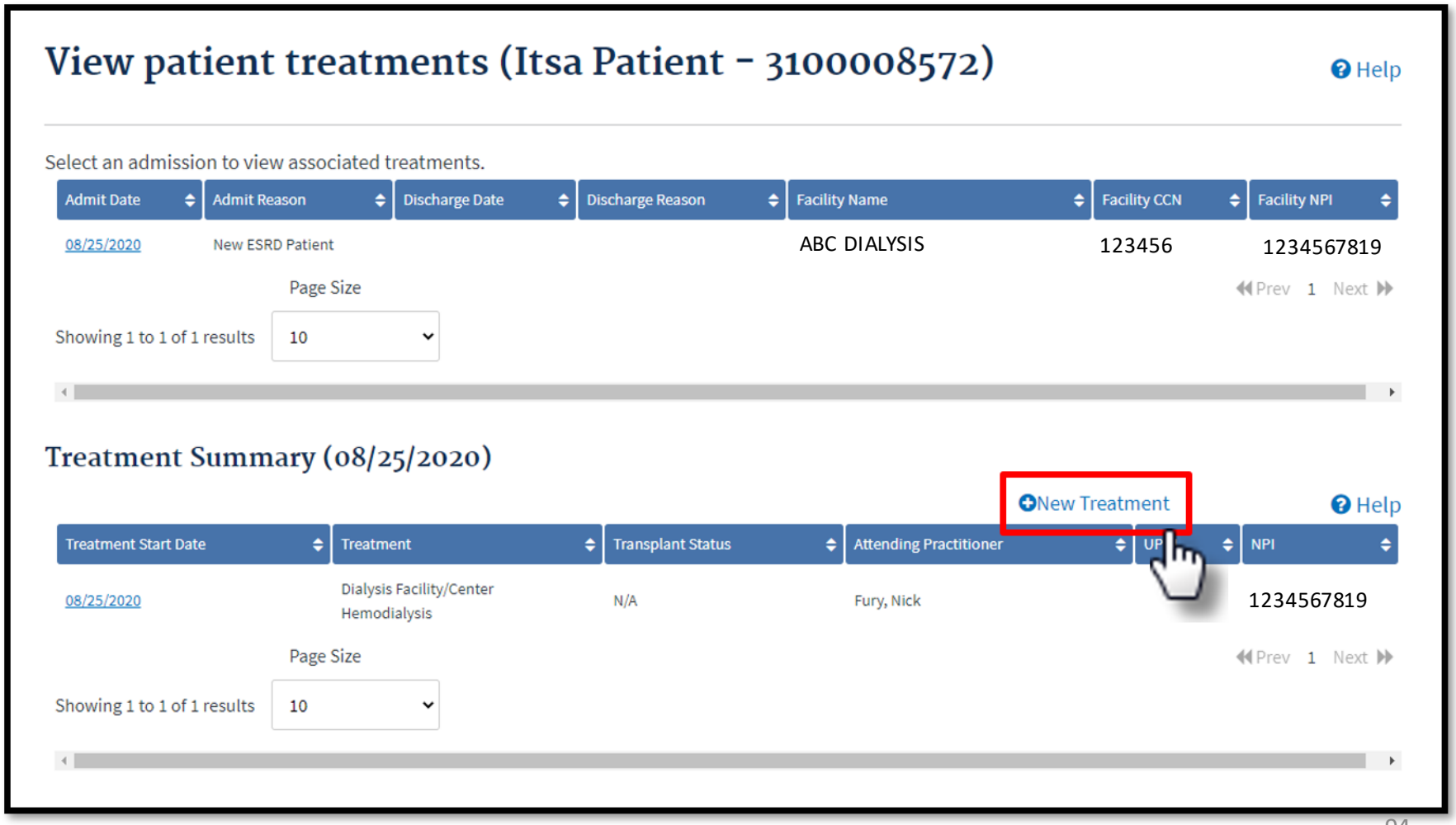
Click Admit Date

Click the **Admit Date** link.



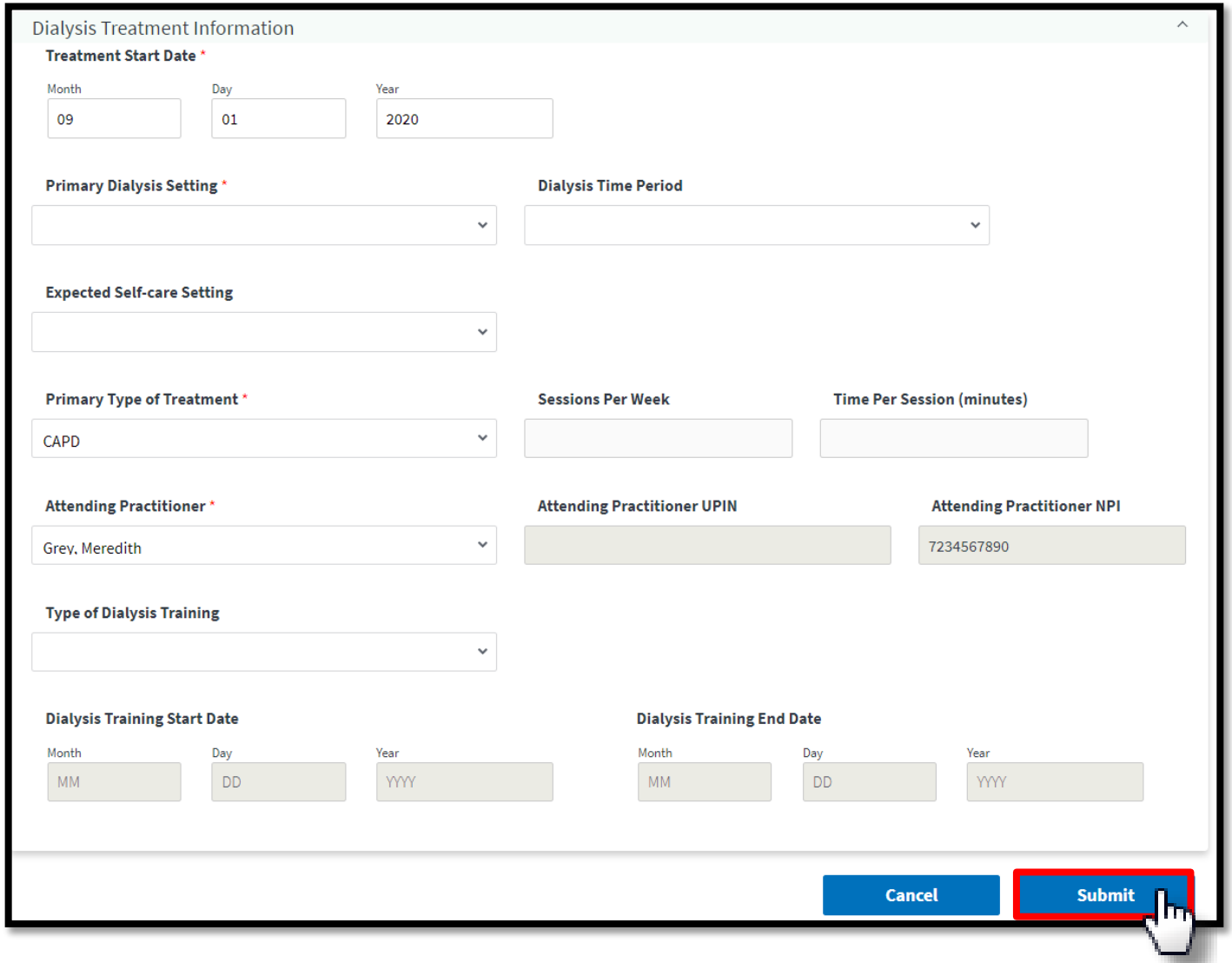
Click New Treatment

Click the **New Treatment** link.



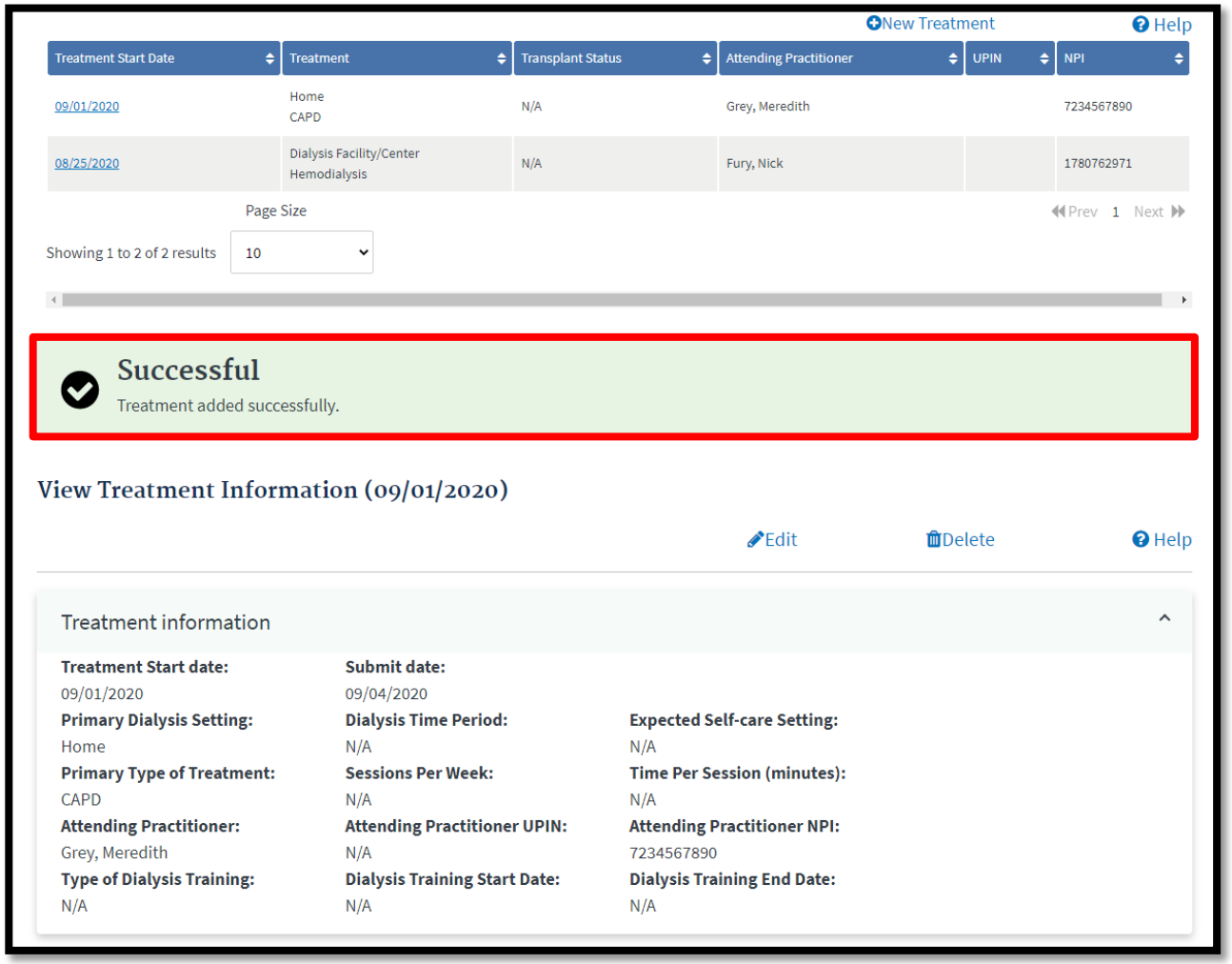
Submit New Treatment

Enter the new treatment information. Click **Submit**.



Successful Submission

EQRS displays the "**Treatment added successfully**" message.



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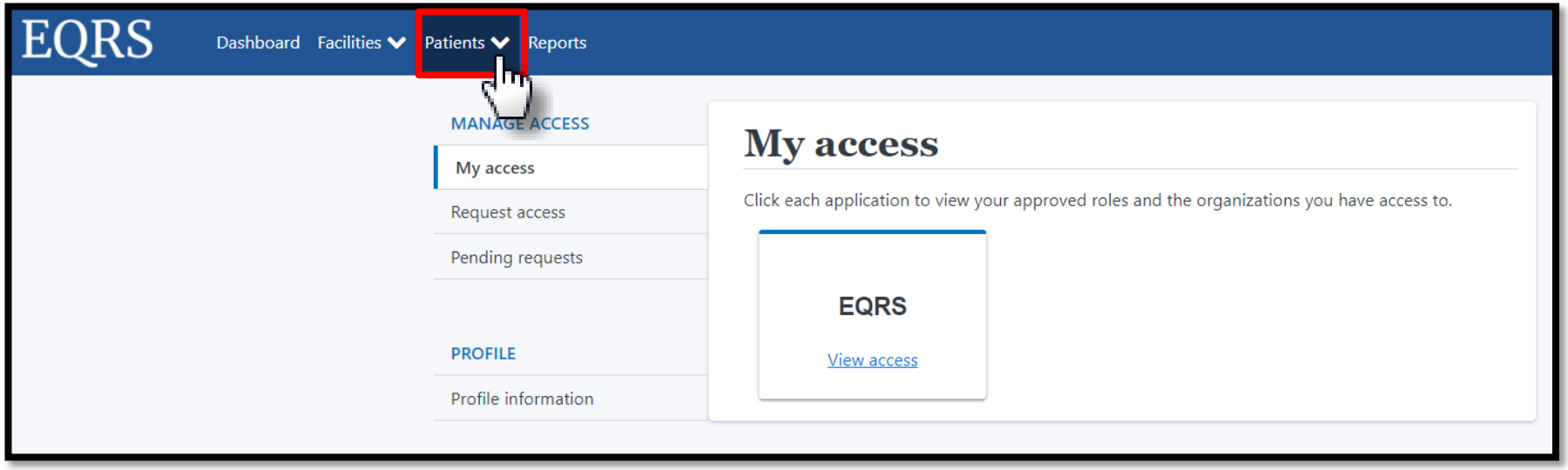
CENTERS FOR MEDICARE & MEDICAID SERVICES

Add Vaccination Information

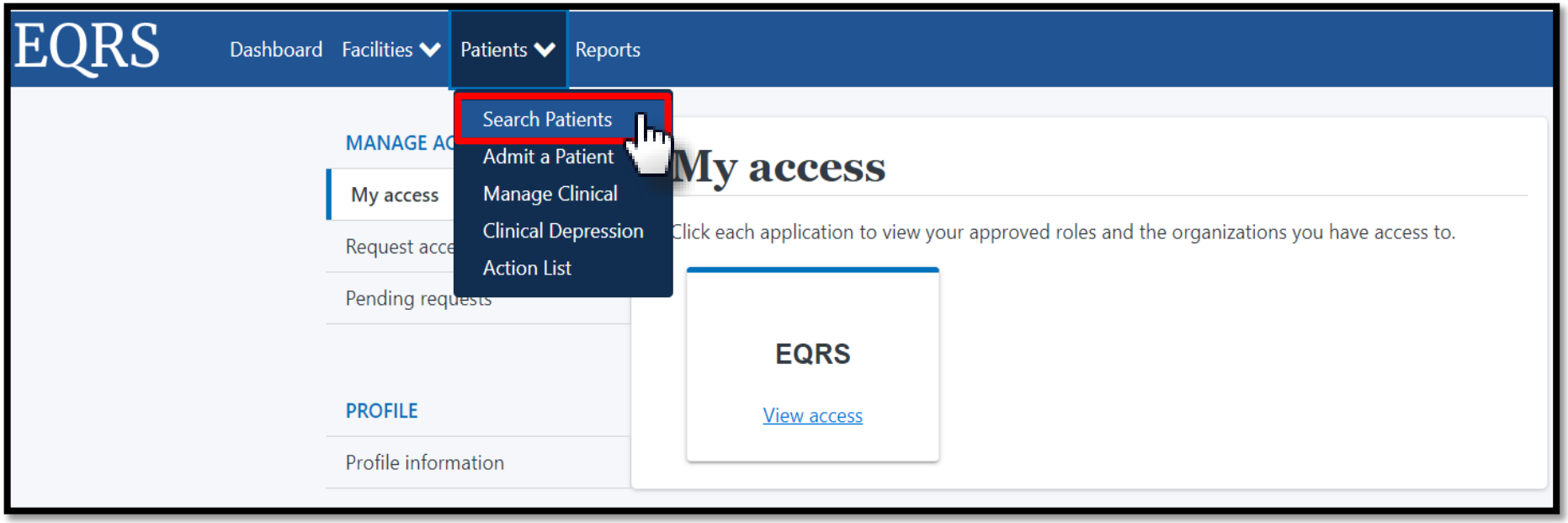
Click Patients

Click **Patients** in the navigation menu.



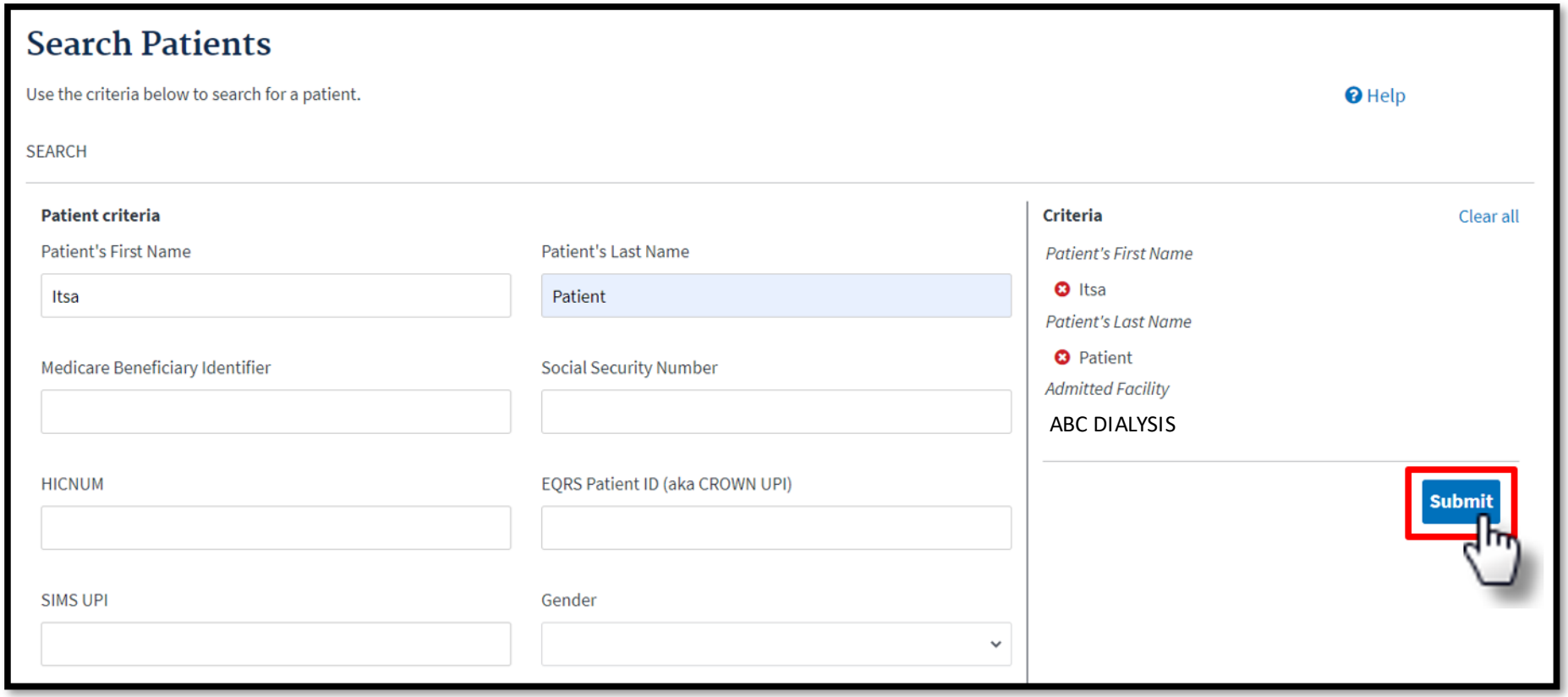
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



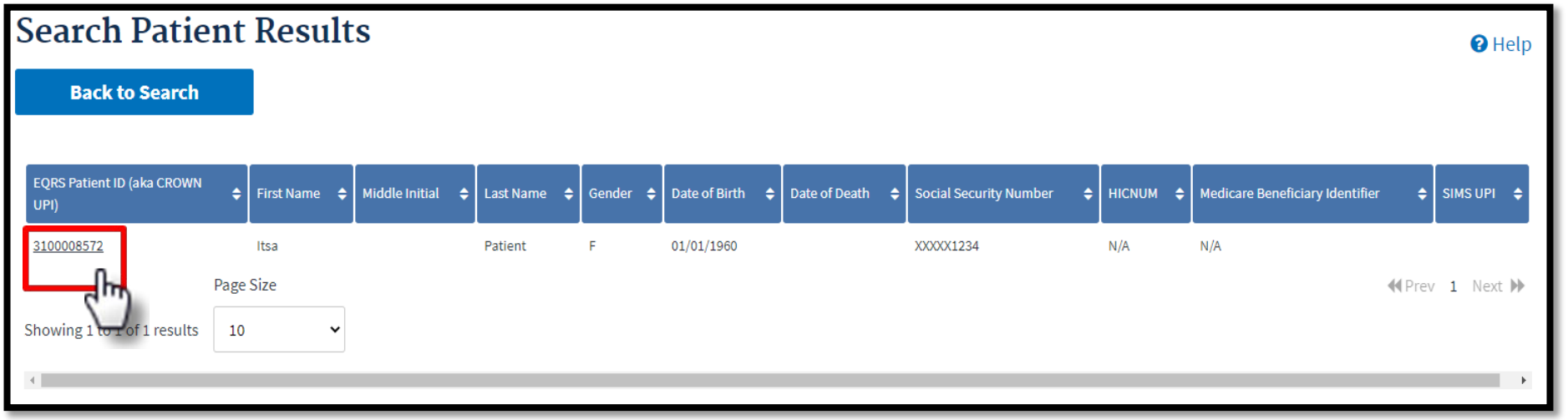
Enter Search Criteria

Enter search criteria to locate patient and click **Submit**.



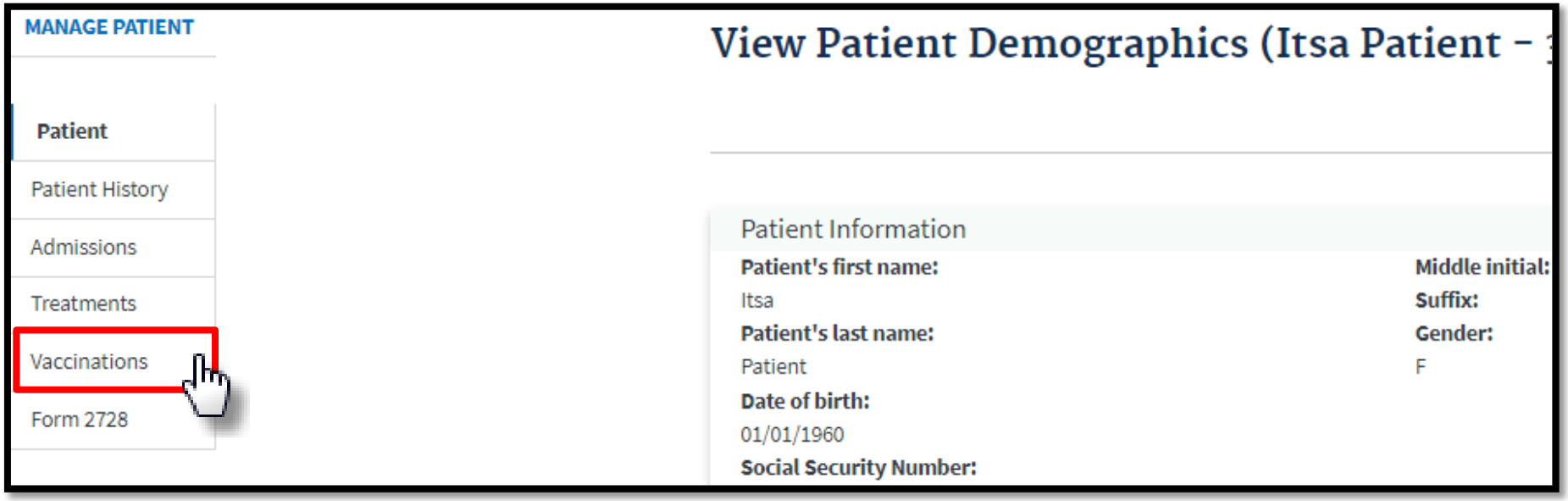
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



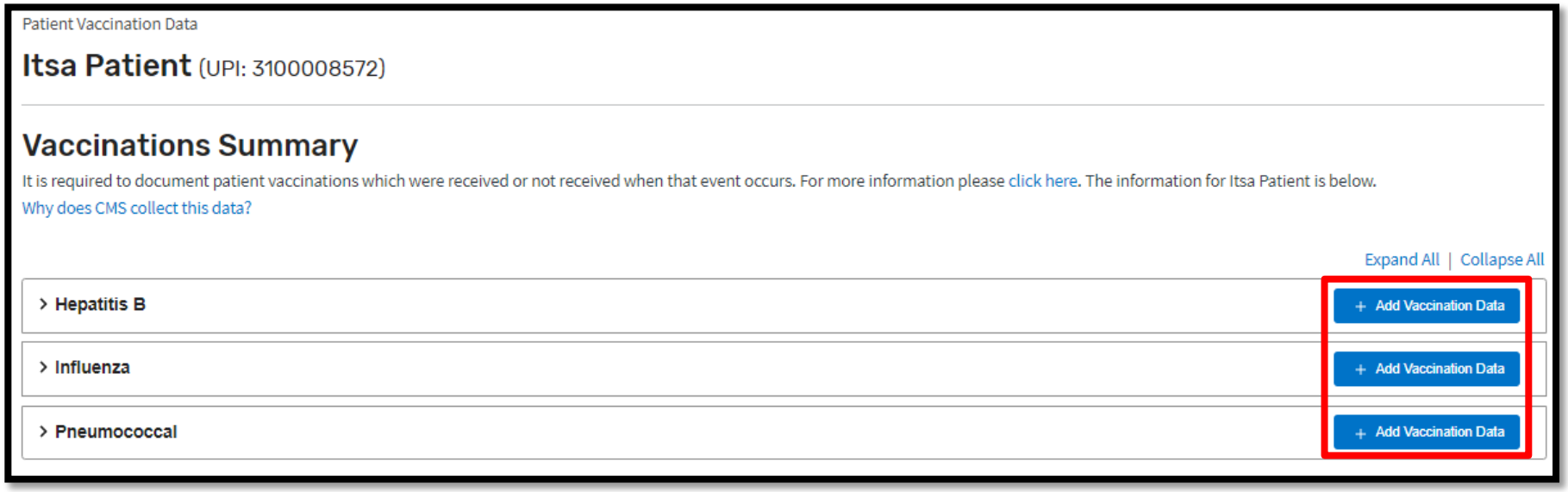
Click Vaccinations

View the patient's demographics and click the **Vaccinations** link.



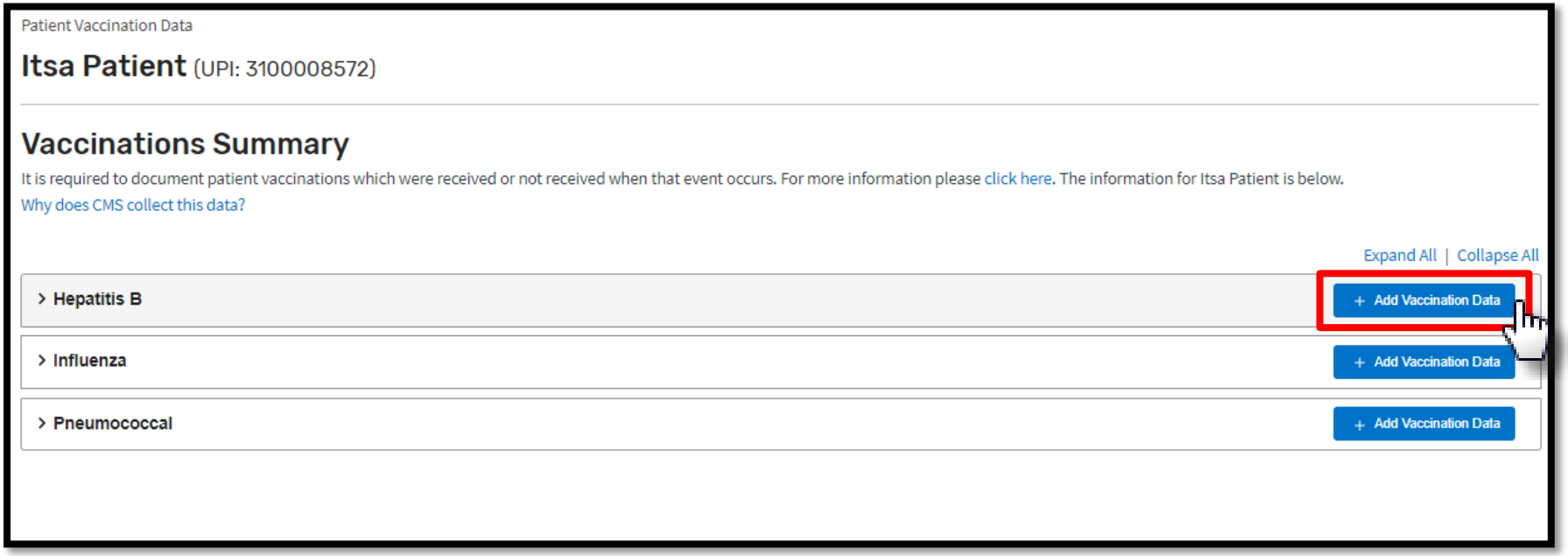
Click Add Vaccination Data

Click the **Add Vaccination Data** link to add information for the desired vaccination.



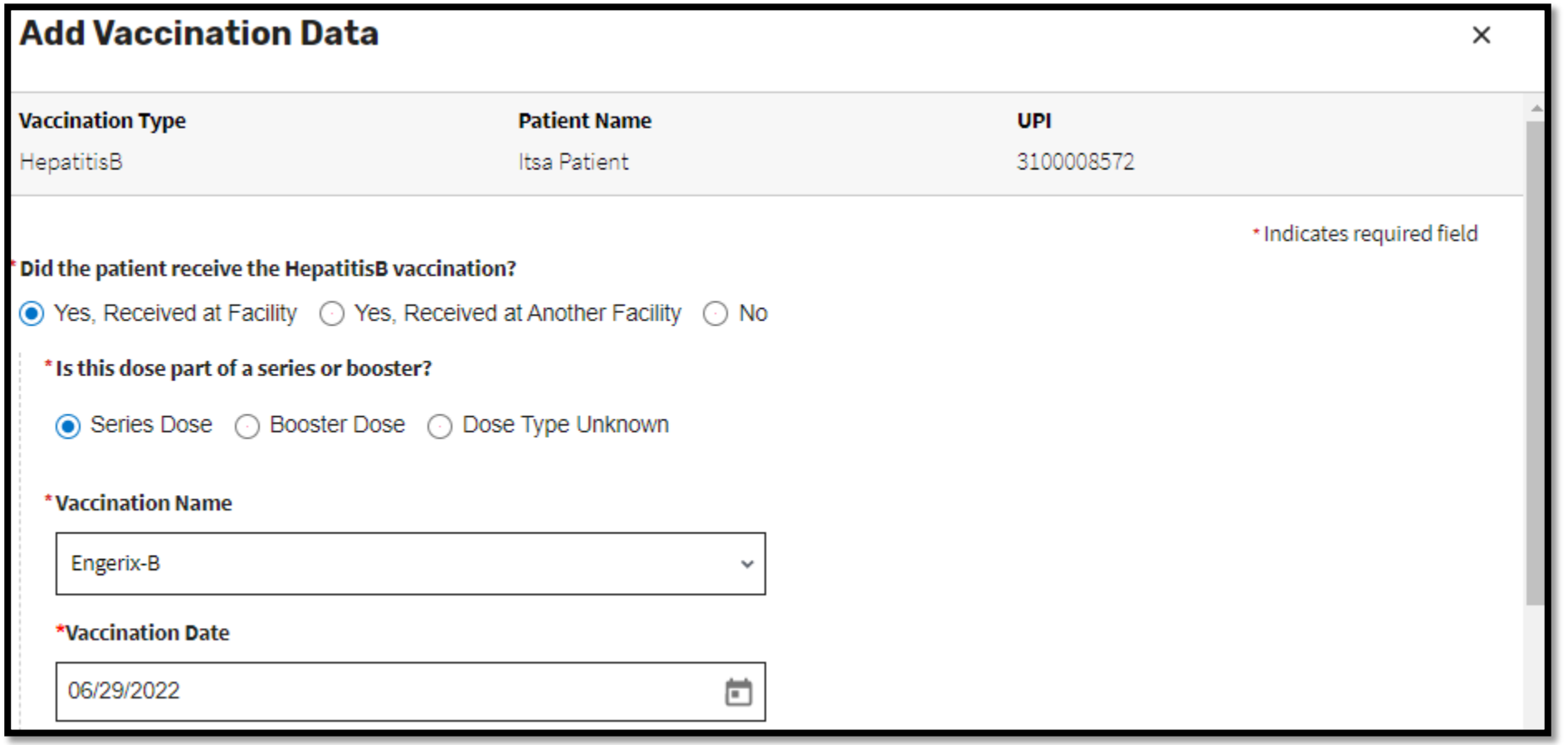
Click Add Vaccination Data: Hepatitis B

Click the **Add Vaccination Data** link to enter Hepatitis B vaccination information.



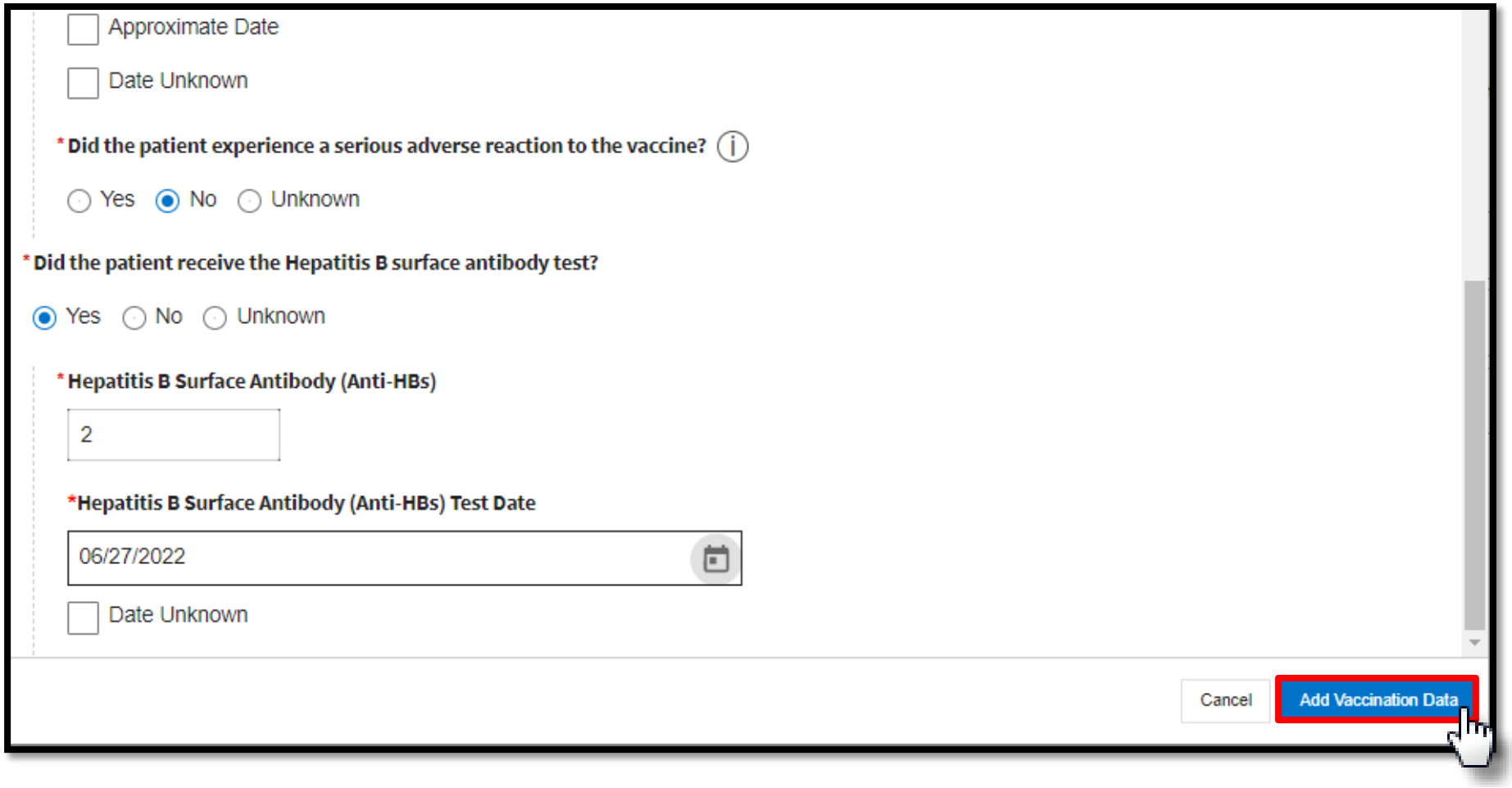
Enter Vaccination Data: Hepatitis B

Review and enter the required vaccination data.



Click Add Vaccination Data: Hepatitis B

Click **Add Vaccination Data** to save your entry.

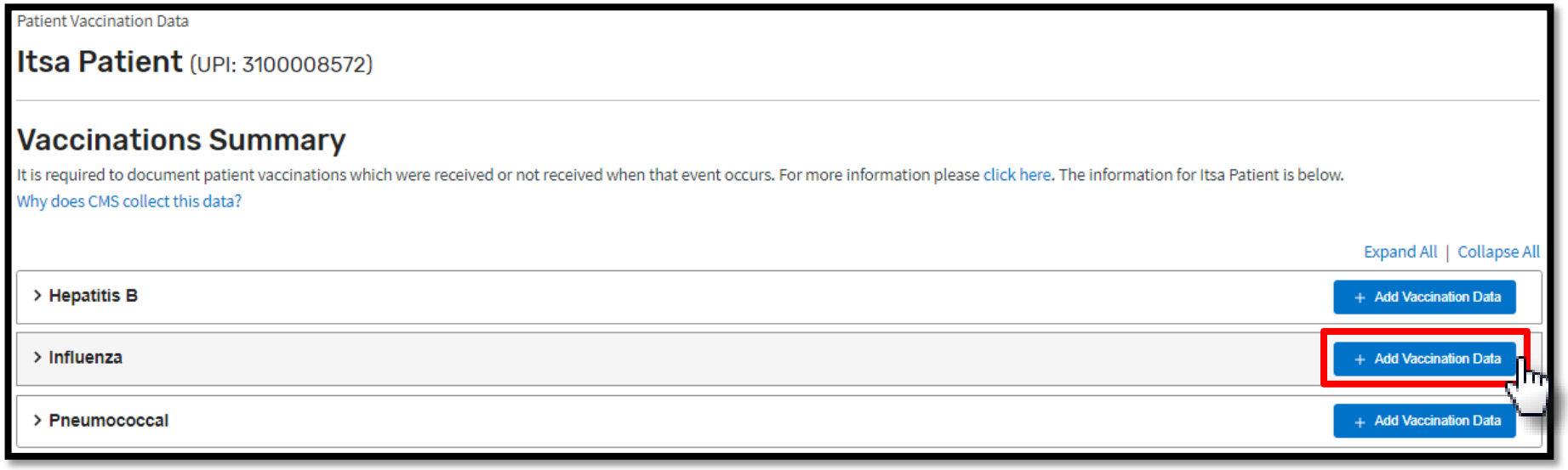


View/Edit/Duplicate/Delete Vaccination Data: Hepatitis B

View/Edit/Duplicate/Delete Hepatitis B Vaccination Data, as needed.

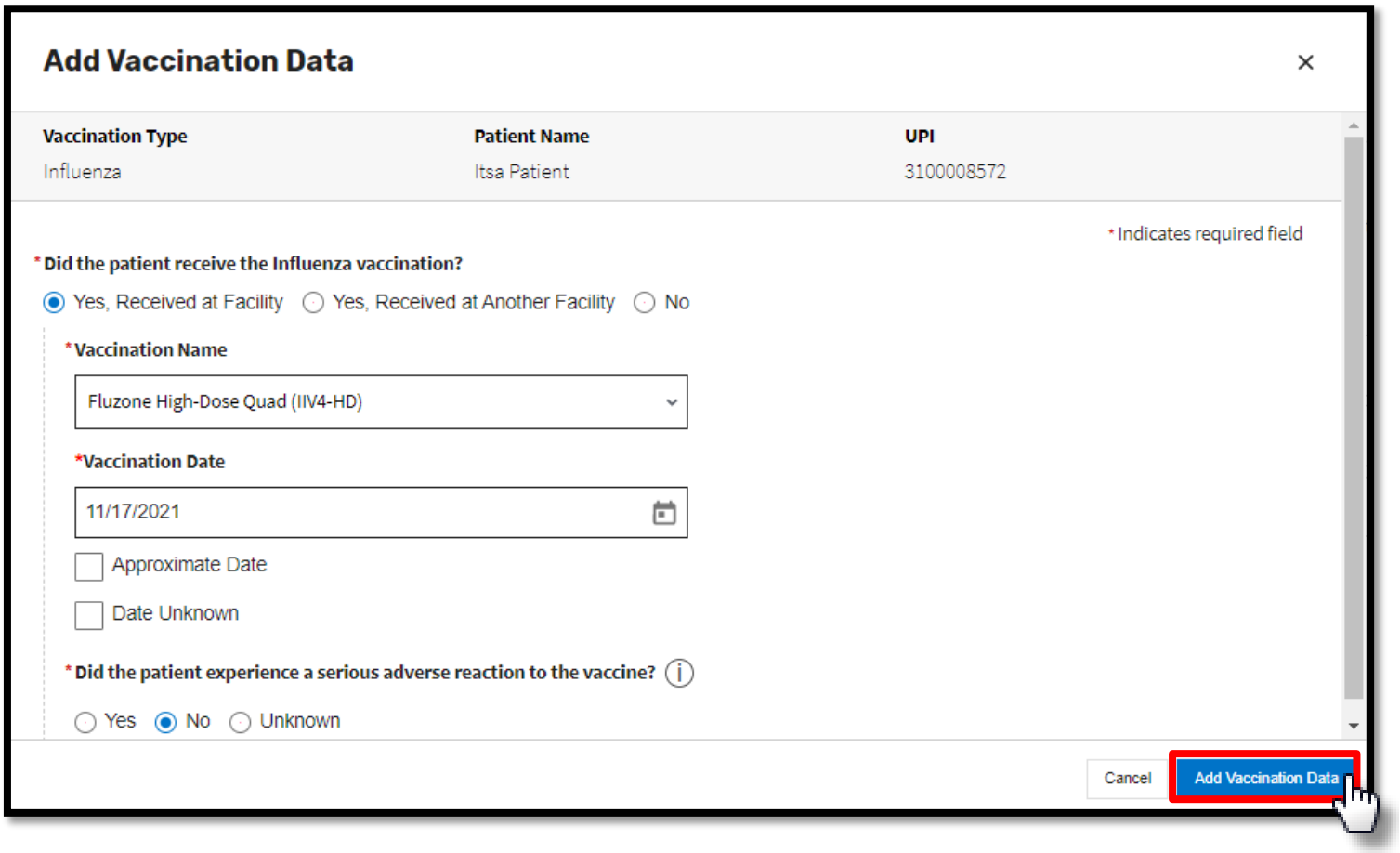
Click Add Vaccination Data: Influenza

Click the **Add Vaccination Data** link to enter Influenza vaccination information.



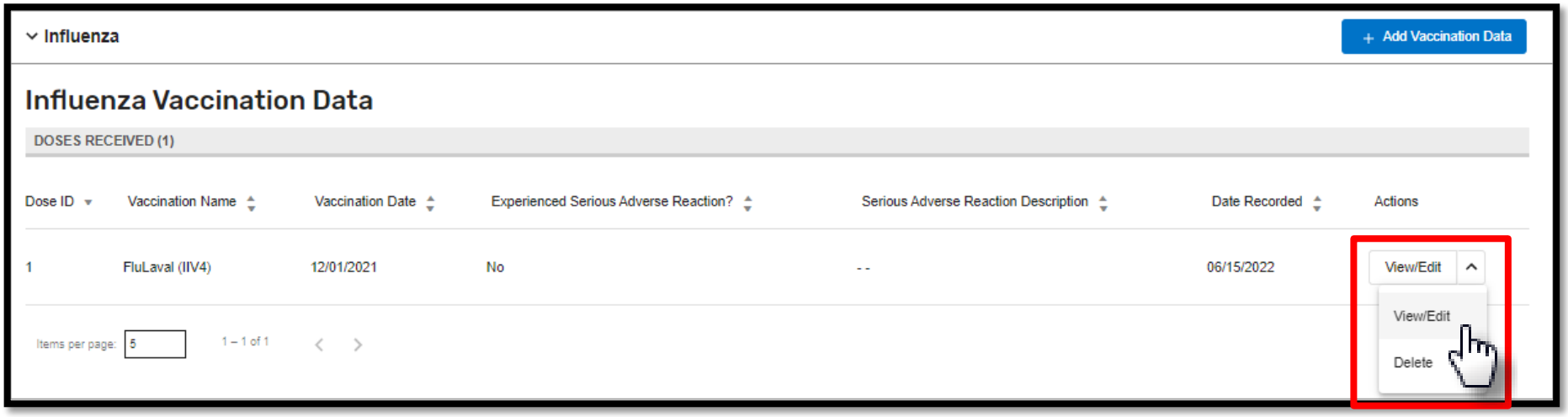
Enter and Add Vaccination Data: Influenza

- Review and enter the required vaccination data.
- Click **Add Vaccination Data** to save your entry.



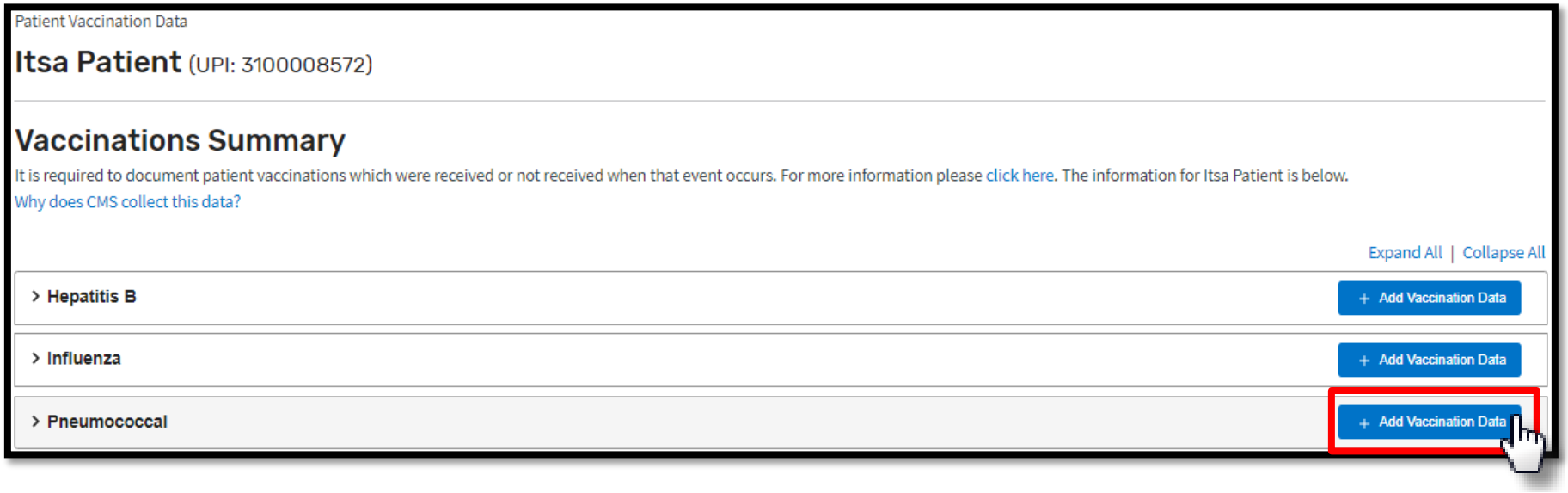
View/Edit/Delete Vaccination Data: Influenza

View/Edit/Delete Influenza Vaccination Data, as needed.



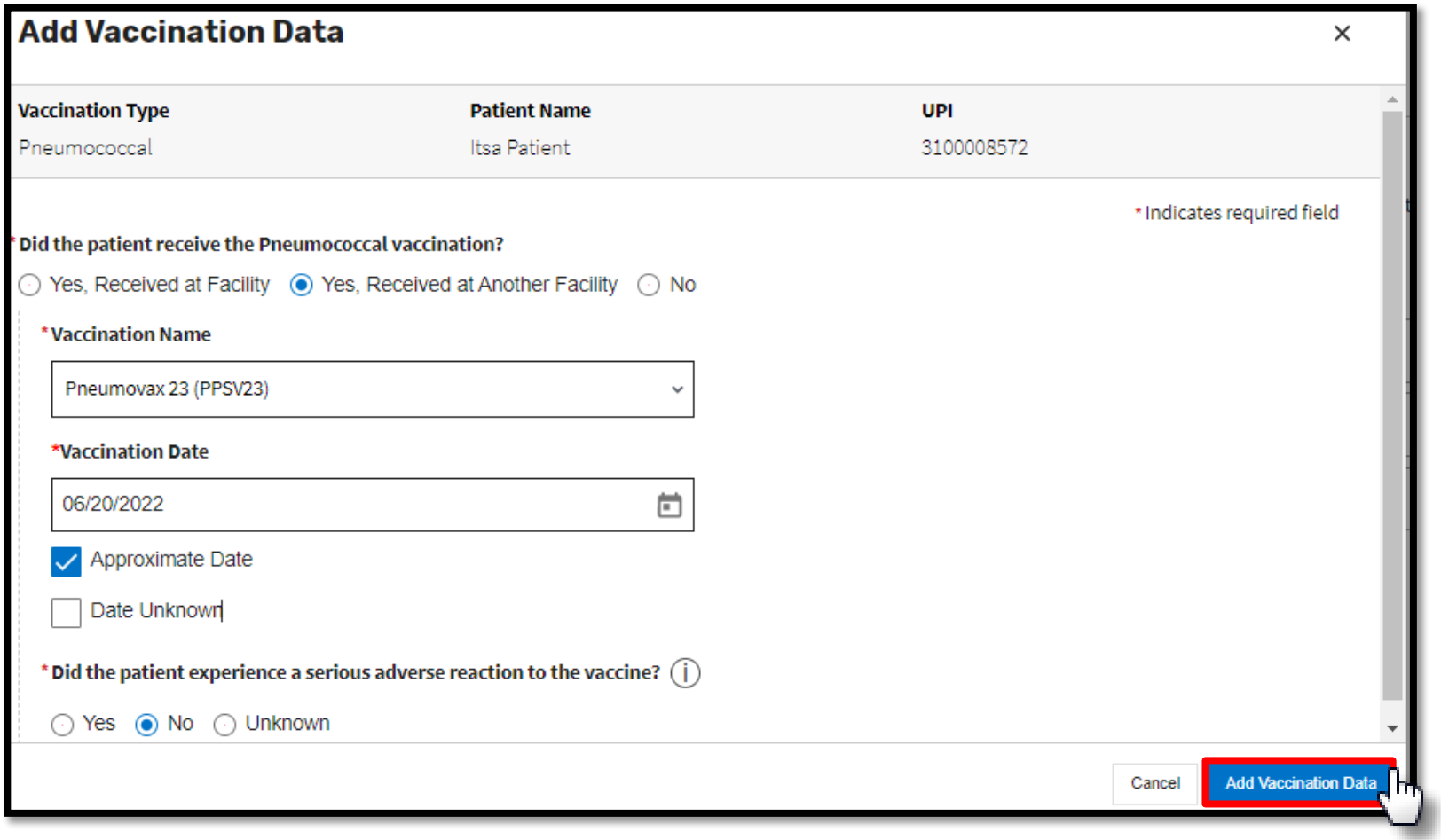
Add Vaccination Data: Pneumococcal

Click the **Add Vaccination Data** link to enter Pneumococcal vaccination information.



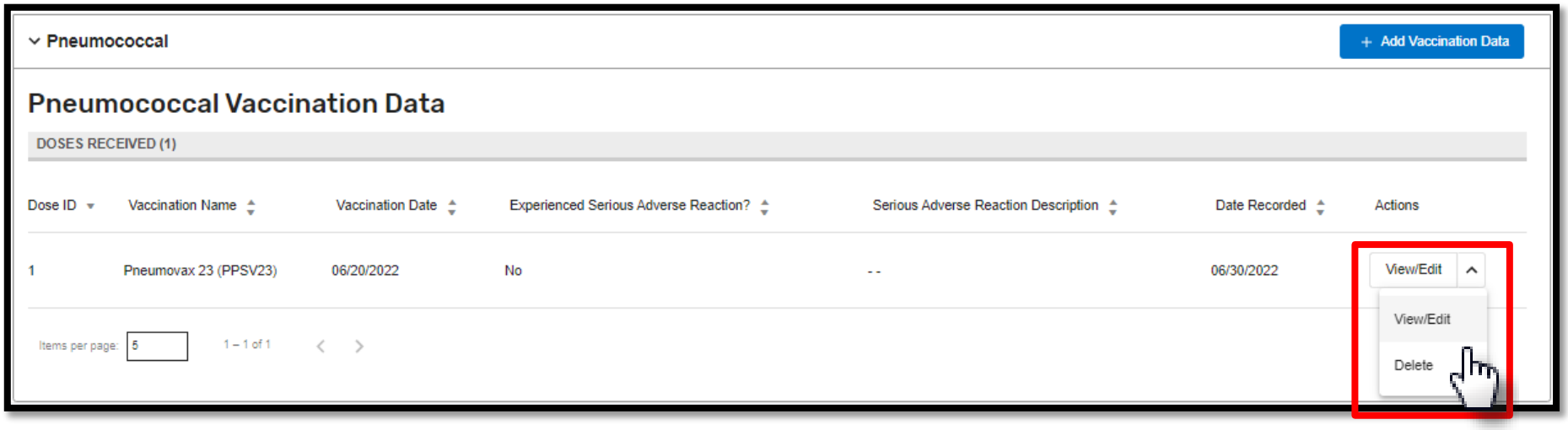
Enter and Add Vaccination Data: Pneumococcal

- Review and enter the required vaccination data.
- Click **Add Vaccination Data** to save your entry.



View/Edit/Delete Vaccination Data: Pneumococcal

View/Edit/Delete Pneumococcal Vaccination Data, as needed.

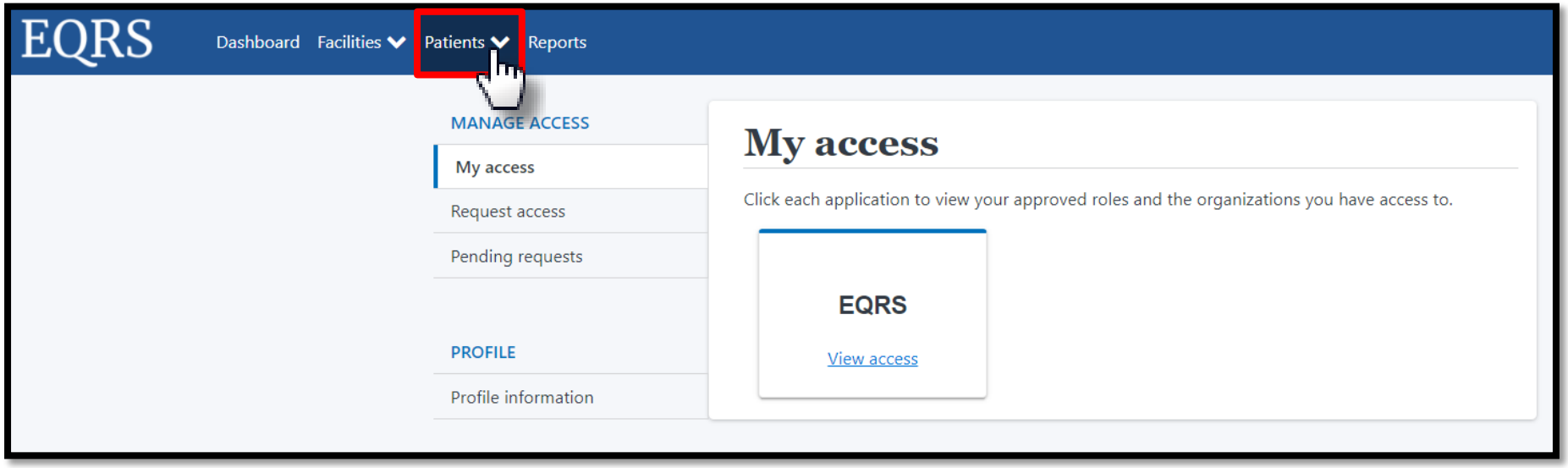


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Enter Clinical Information

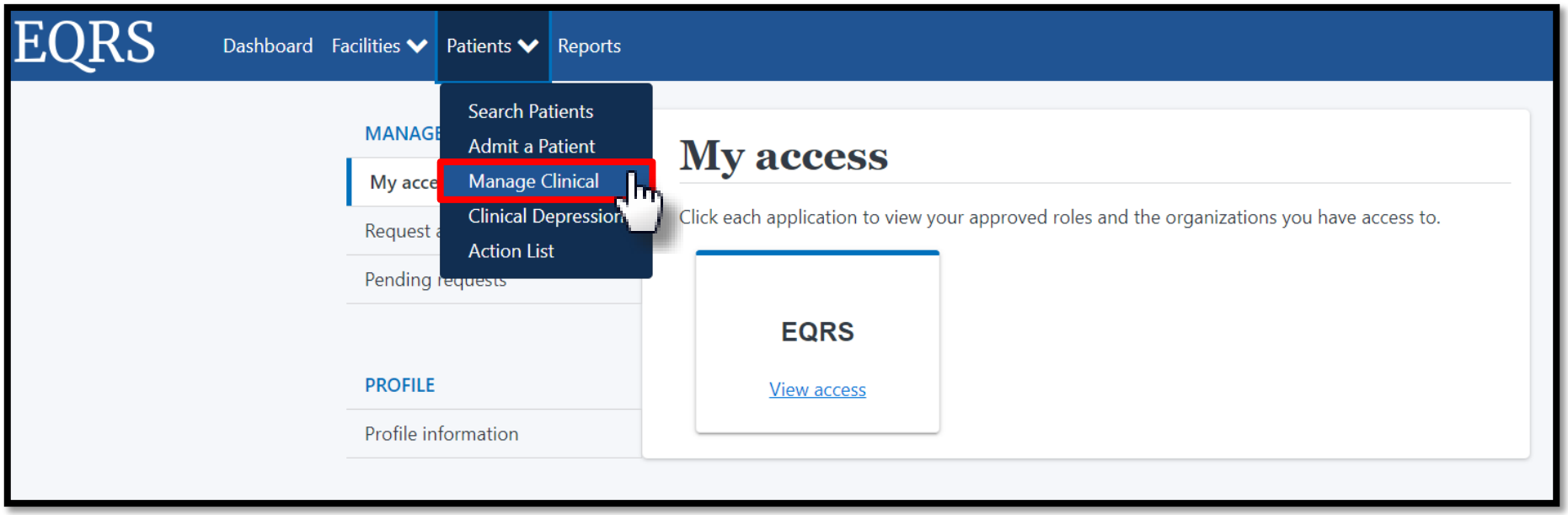
Click Patients

Click **Patients** in the navigation menu.



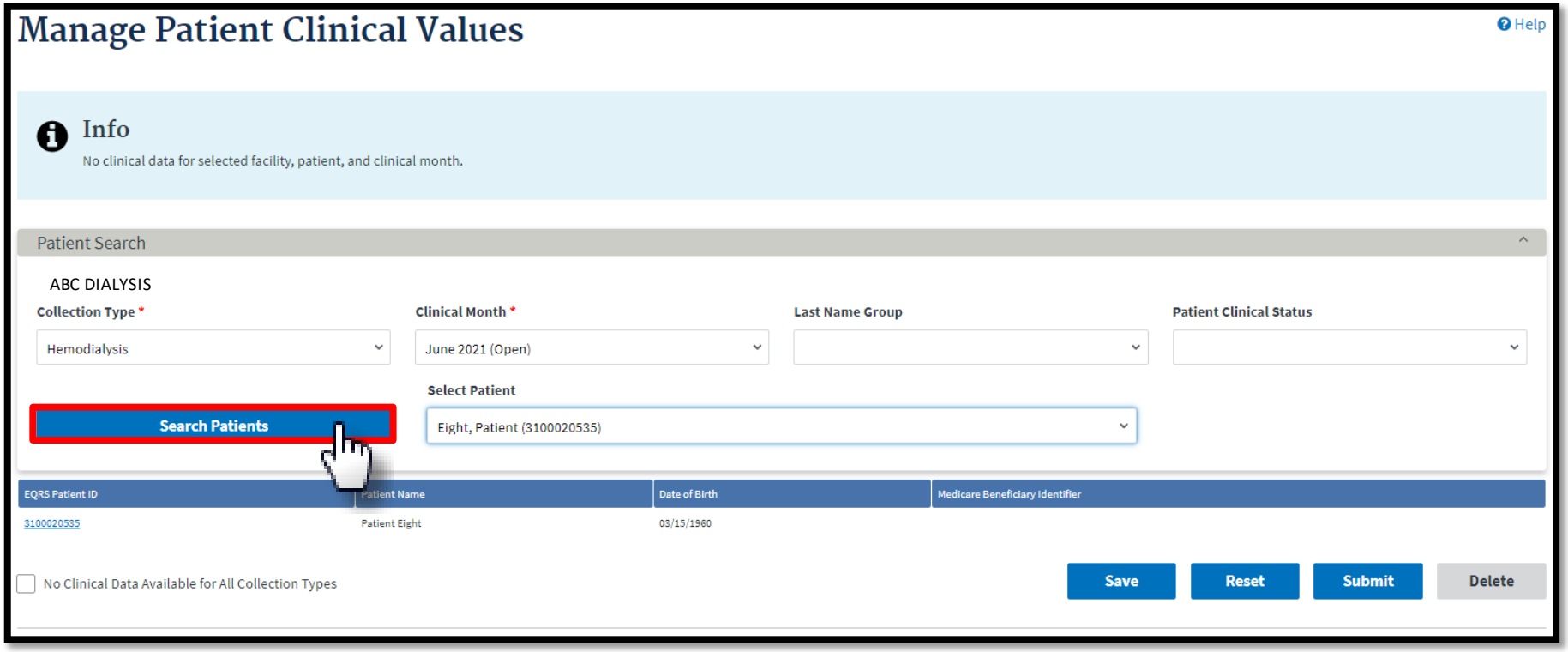
Click Manage Clinical

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



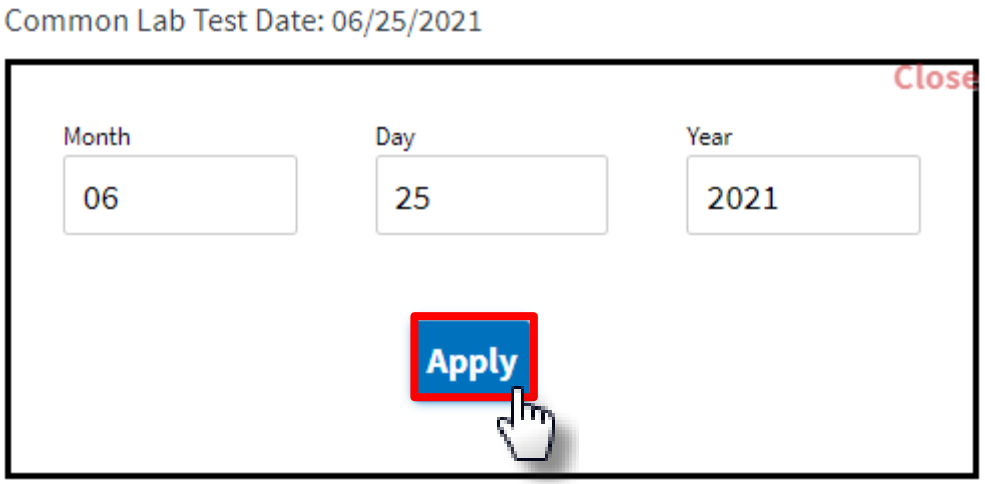
Patient Search

Select the search criteria for the desired patient and click **Search Patients**.



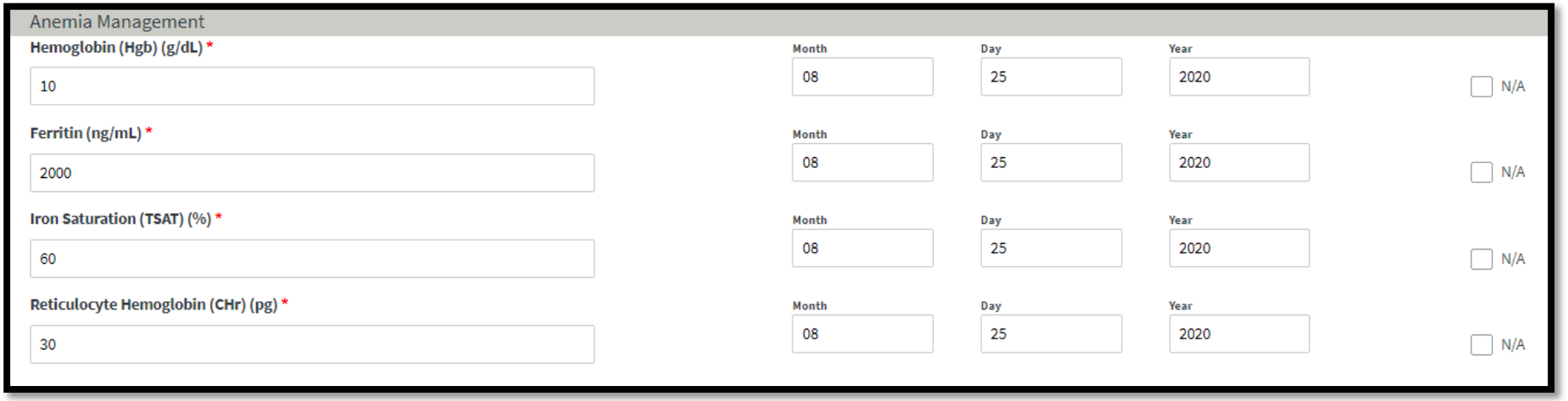
Set Common Lab Test Date

Indicate the Common Lab Test Date to support data reporting efforts and Click **Apply**.



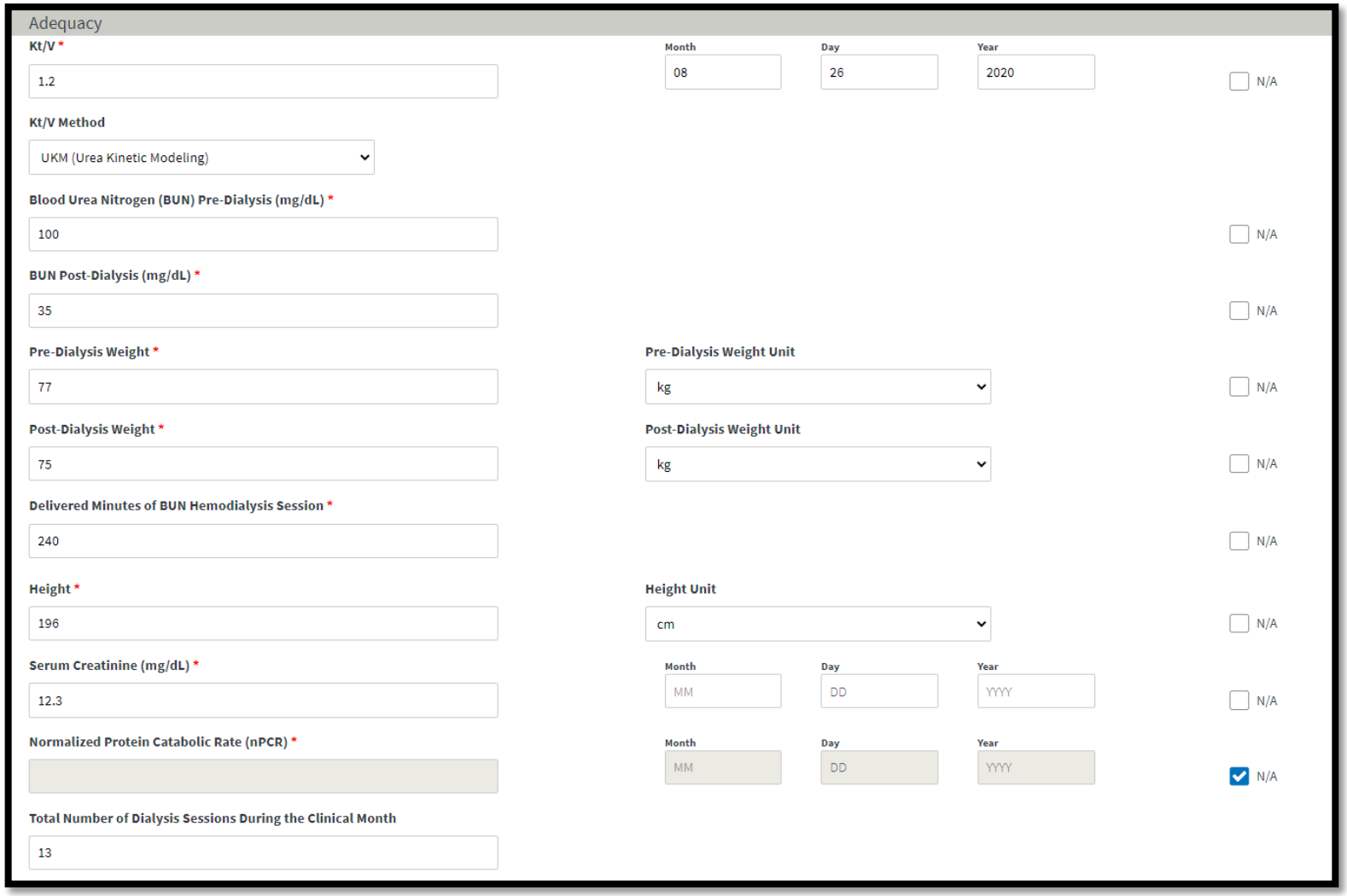
Enter Anemia Management

Review and enter Anemia Management data, if applicable.



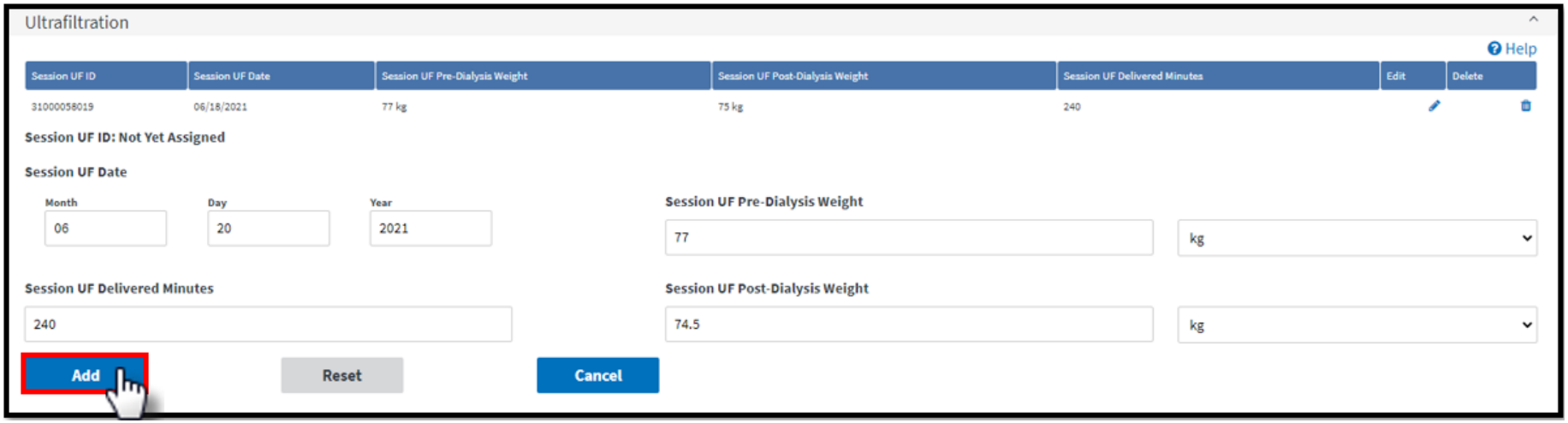
Enter Adequacy

Review and enter Adequacy data, if applicable.



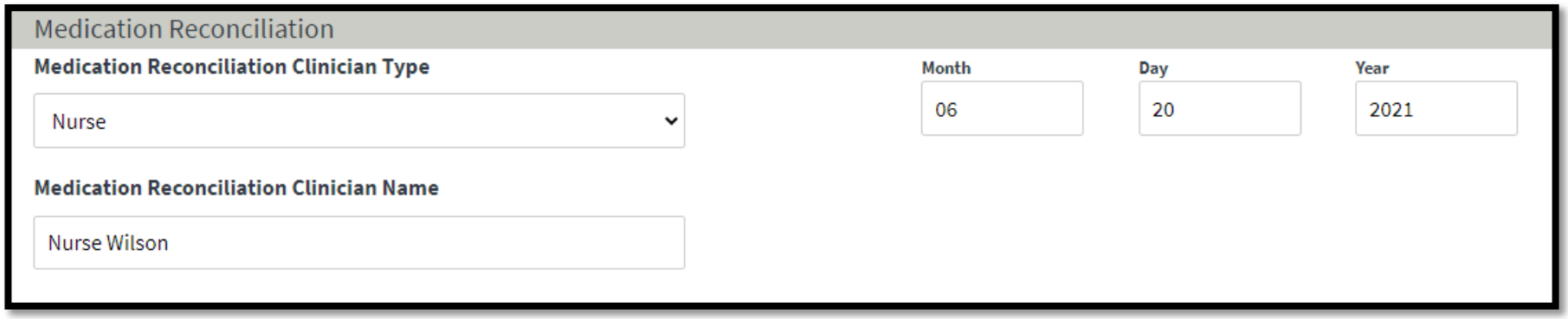
Add Ultrafiltration

Review and **Add** Ultrafiltration data, if applicable.



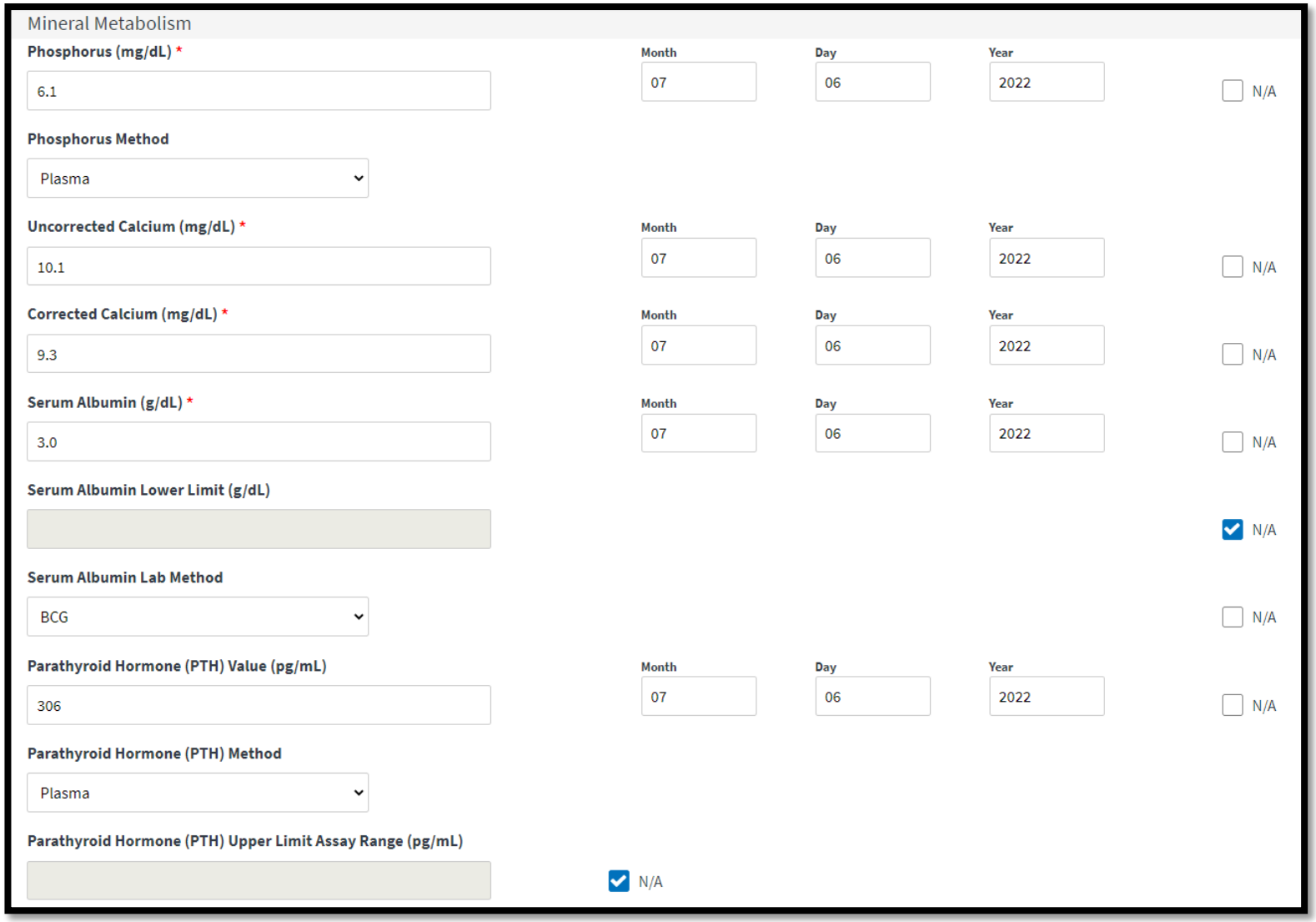
Enter Medication Reconciliation

Review and enter Medication Reconciliation data, if applicable.



Enter Mineral Metabolism

Review and enter Mineral Metabolism data, if applicable.



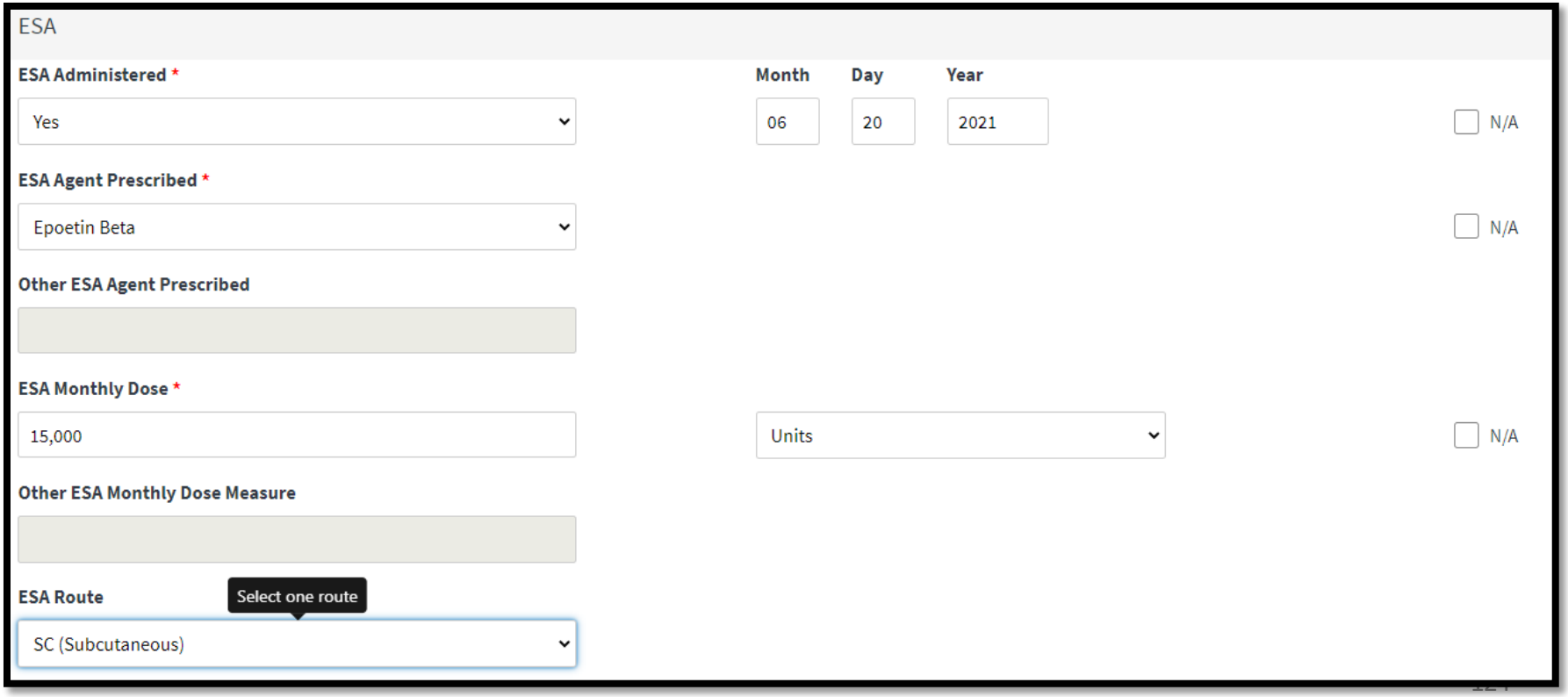
Erythropoietin Stimulating Agents (ESA)

Review and provide ESA data, as needed.

ESA Date = Date of the most recent prescription

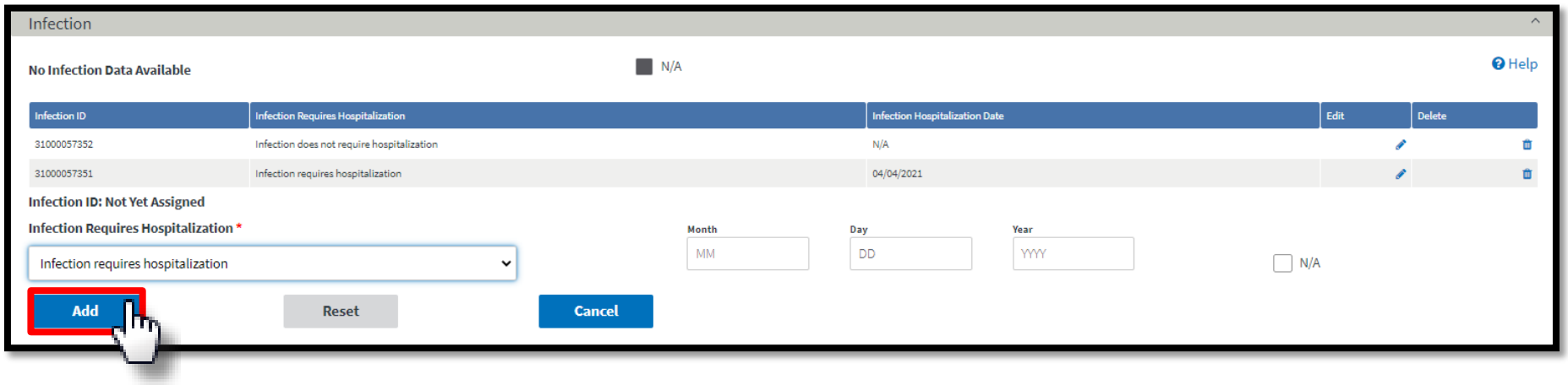
ESA Monthly Dose:

- In-center Patients = Amount administered
- Home Patients = Amount prescribed



Add Infection

Review and **Add** Infection data, as needed.



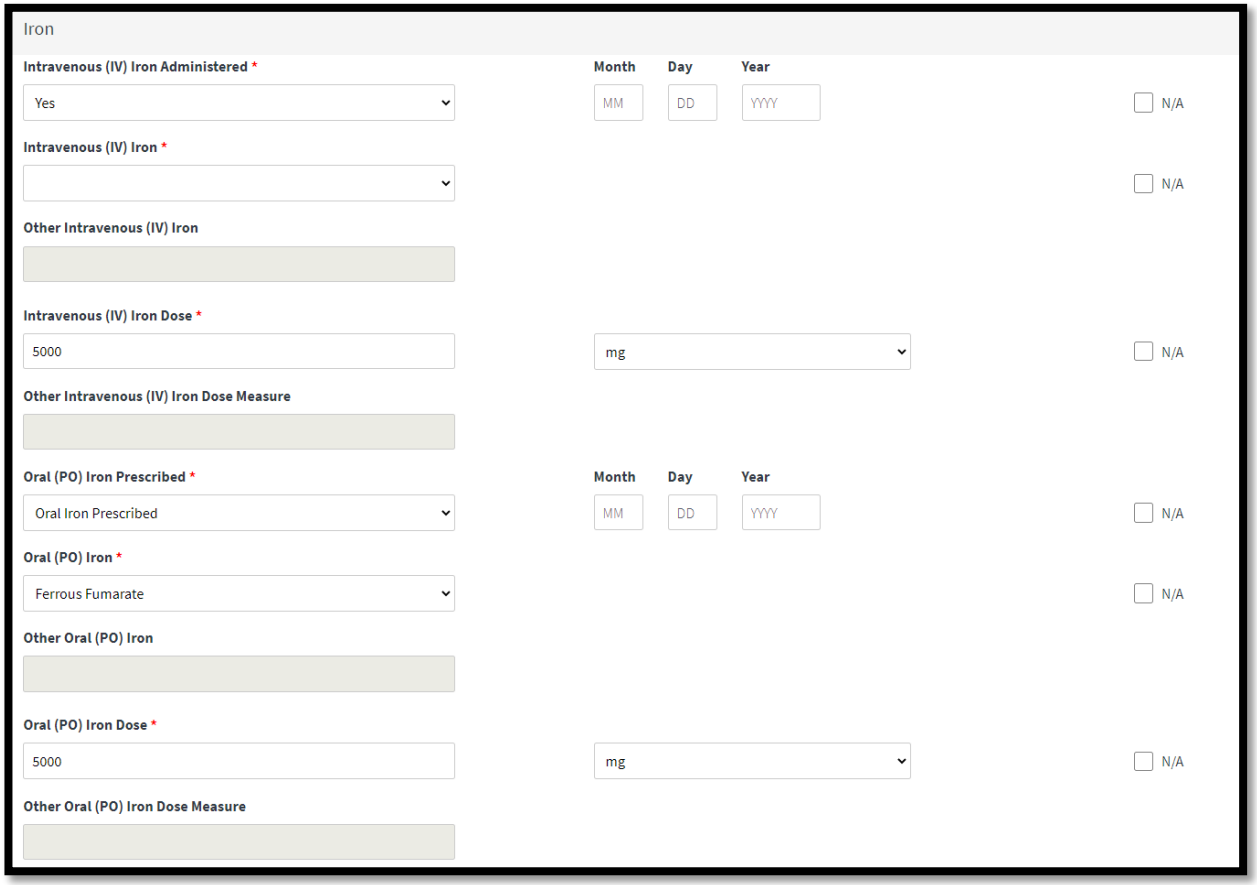
Enter Iron

Review and enter Iron data, if applicable.

Iron Date = Date of the most recent prescription

Iron Dose:

- In-center Patients = Amount administered
- Home Patients = Amount prescribed



Enter Fluid Weight Management

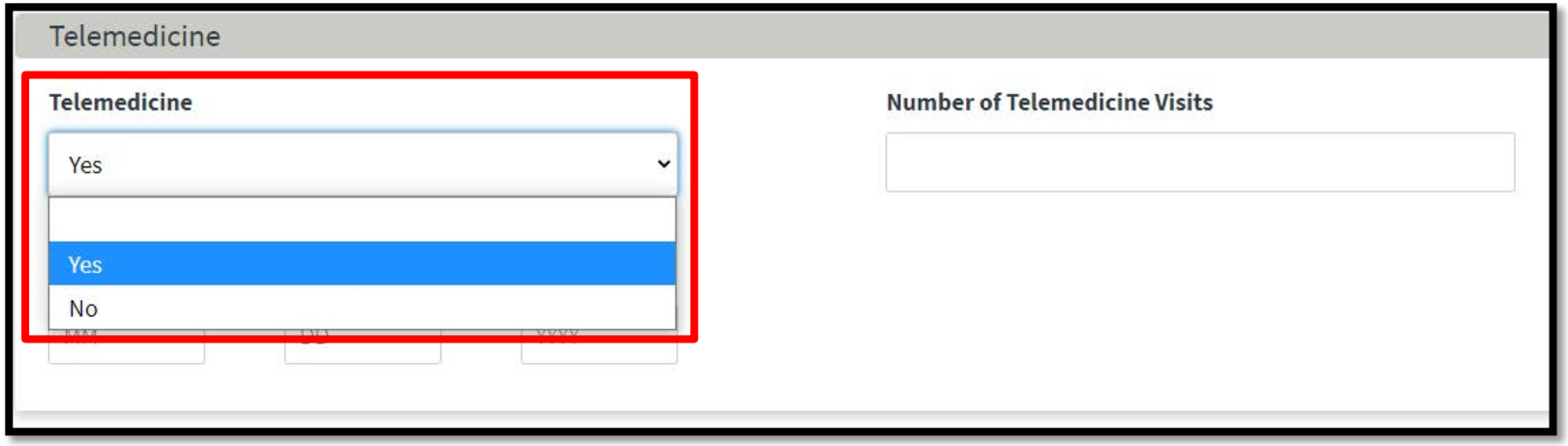
Review and enter Fluid Weight Management data, if applicable.

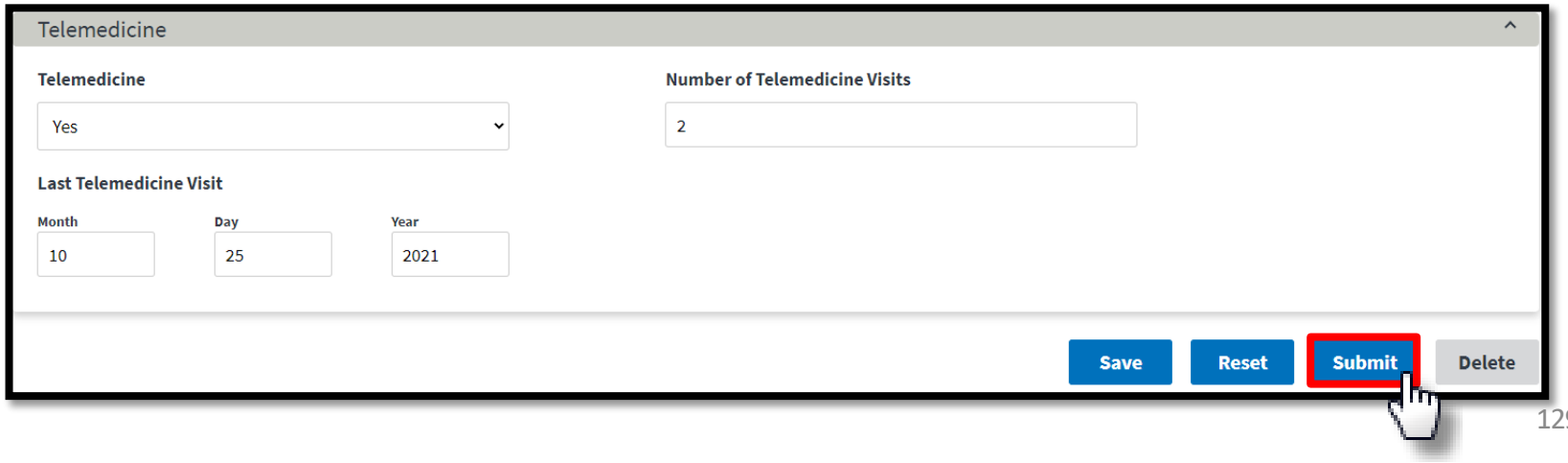
Enter Hospitalization

Review and click **Add** to enter Hospitalization data, if applicable.

Enter Telemedicine

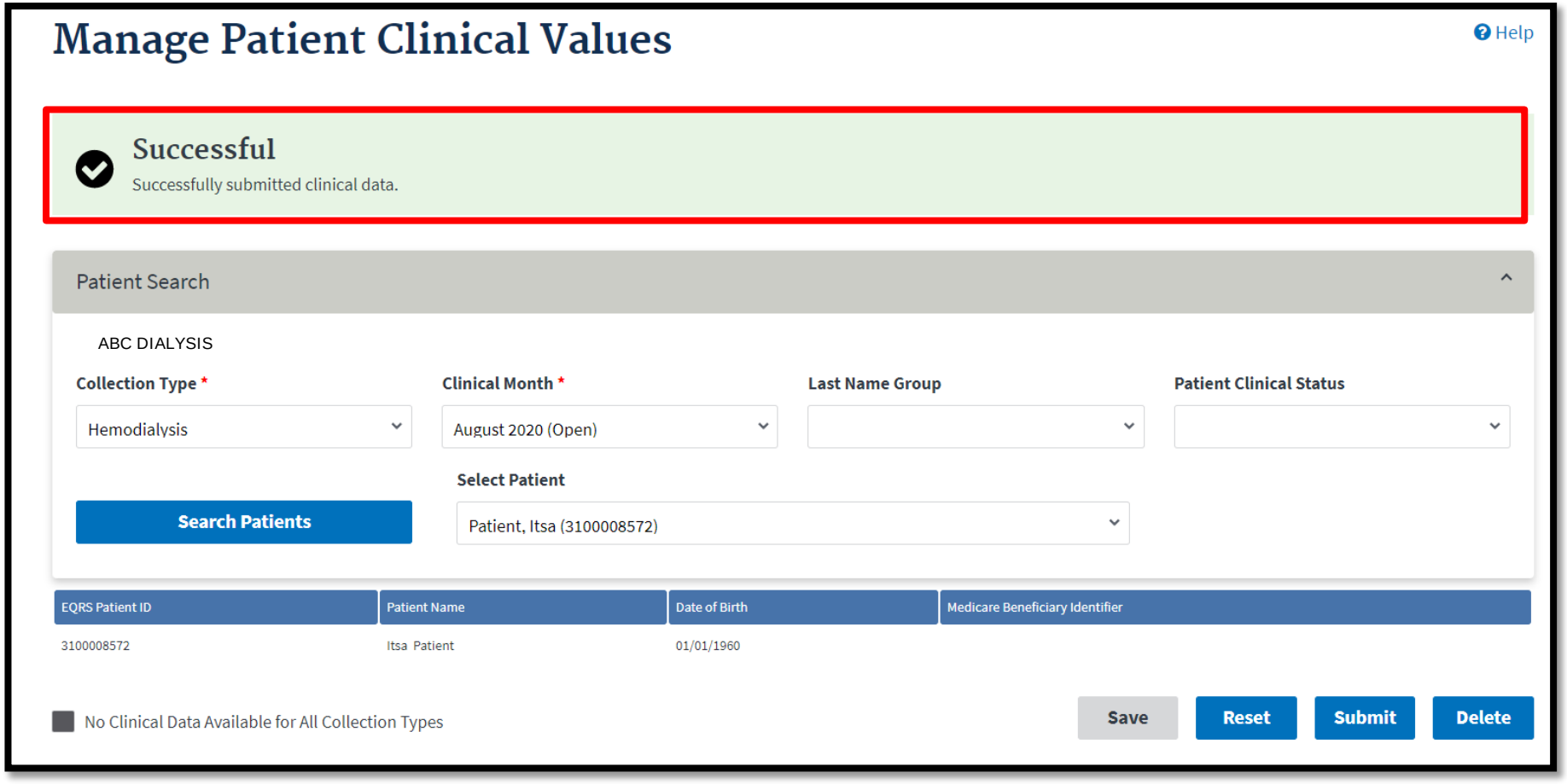
Review and enter Telemedicine Information, as needed.





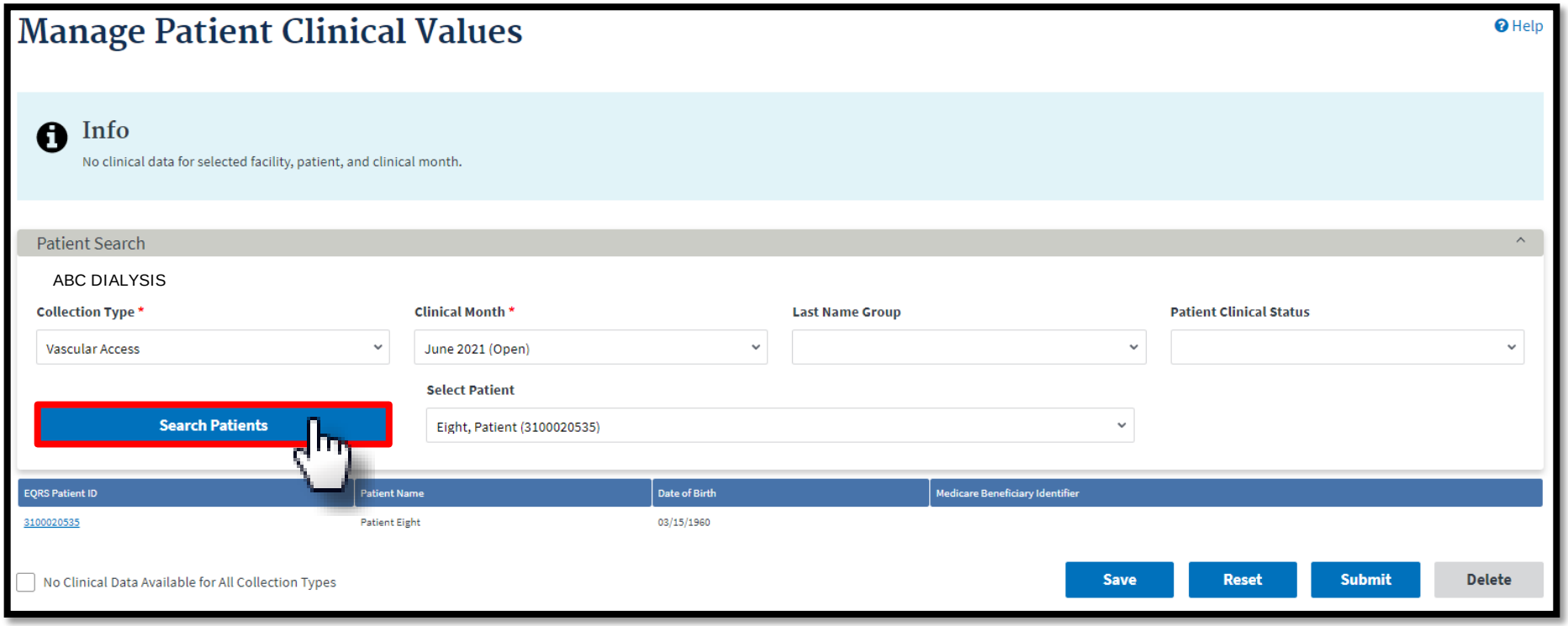
Successful Submission

EQRS displays the "**Successfully submitted clinical data**" message.



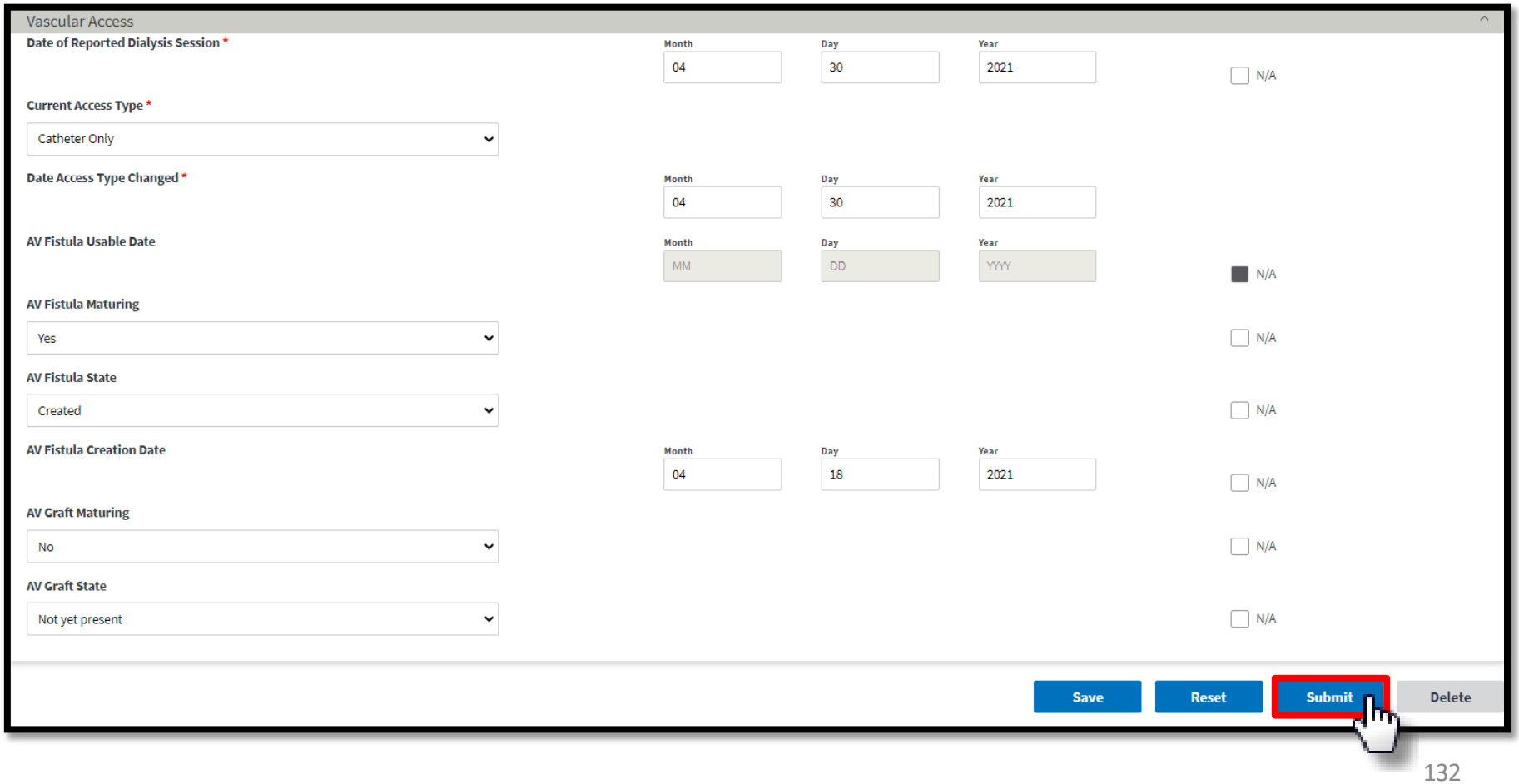
Vascular Access: Patient Search

Search for the desired patient by clicking **Search Patients**.



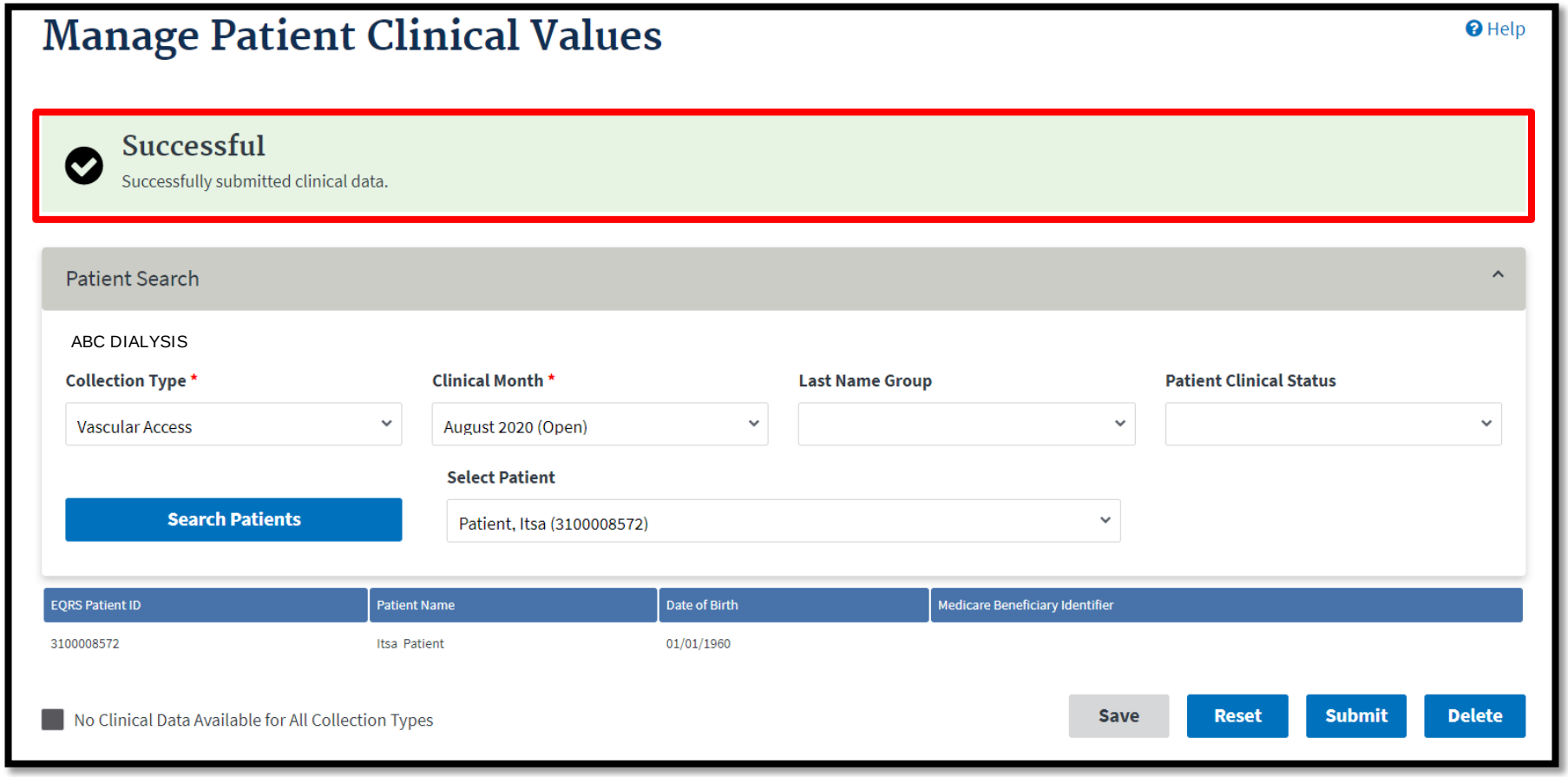
Vascular Access: Indicate Access

Review and enter Vascular Access data, if applicable and then click **Submit**.



Vascular Access: Submission

EQRS displays the "**Successfully submitted clinical data**" message.

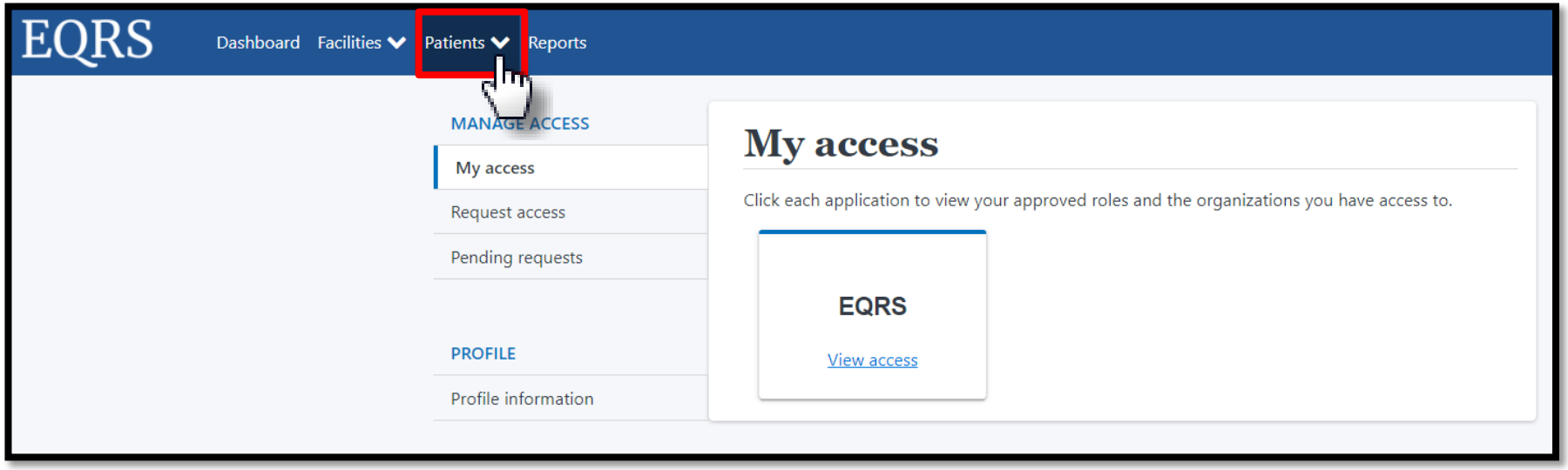


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Enter Clinical Depression Data

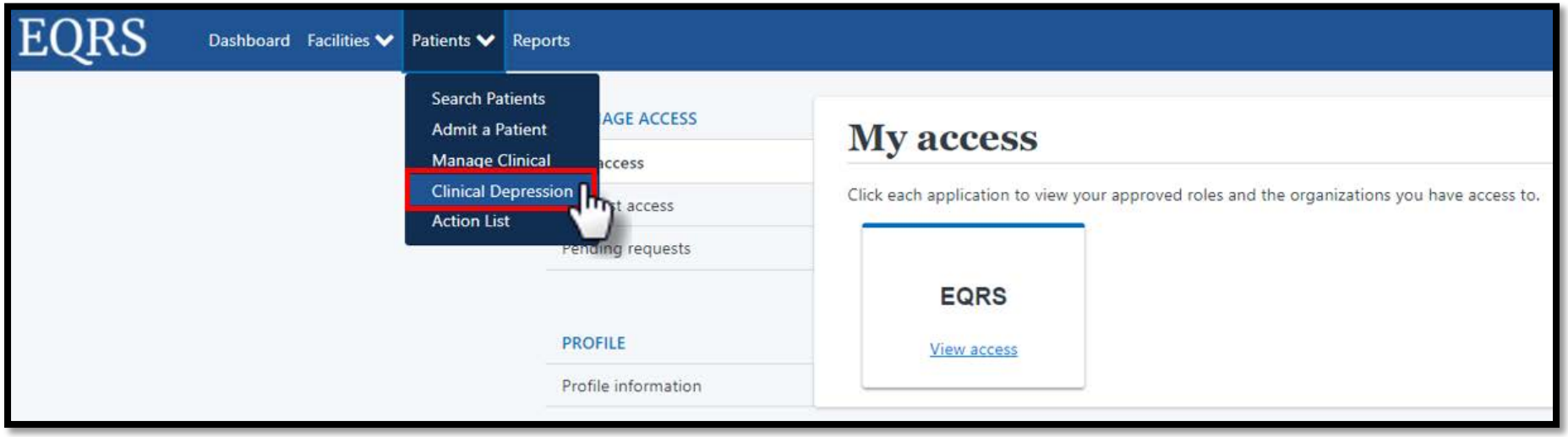
Form Signed: Click Patients

Click **Patients** in the navigation menu.



Click Clinical Depression

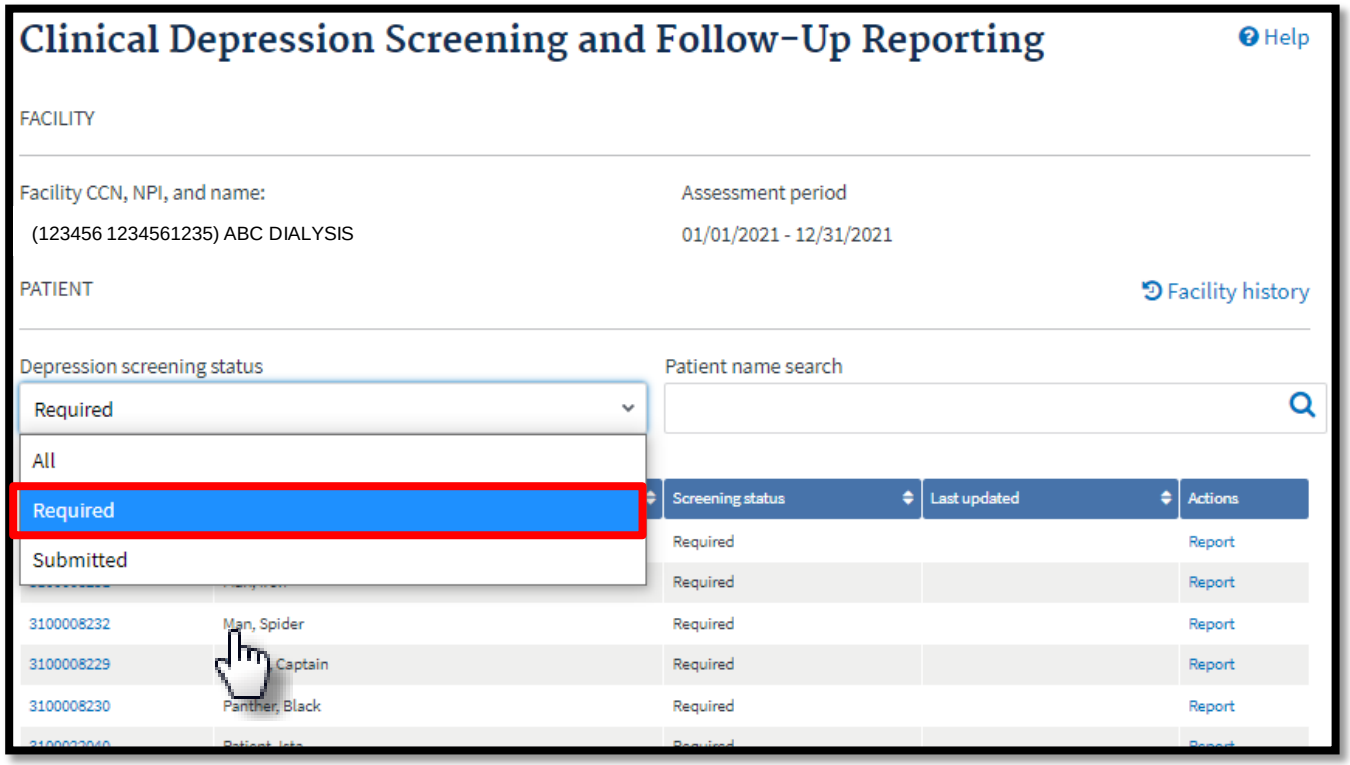
Click **Clinical Depression** in the Patients sub-menu.



Depression Screening: Select Status

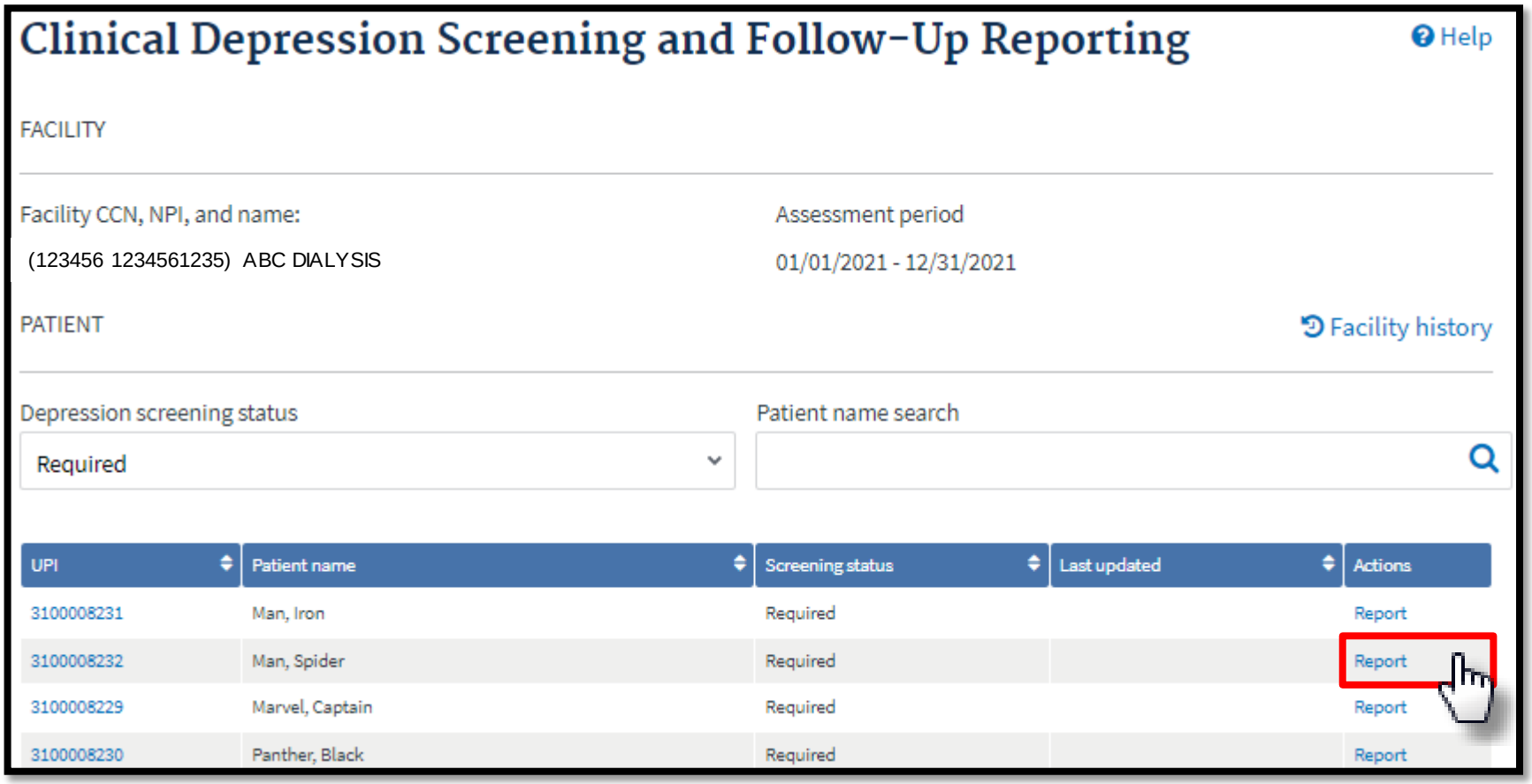
Select the **Depression screening status** options:

- All
- Required
- Submitted



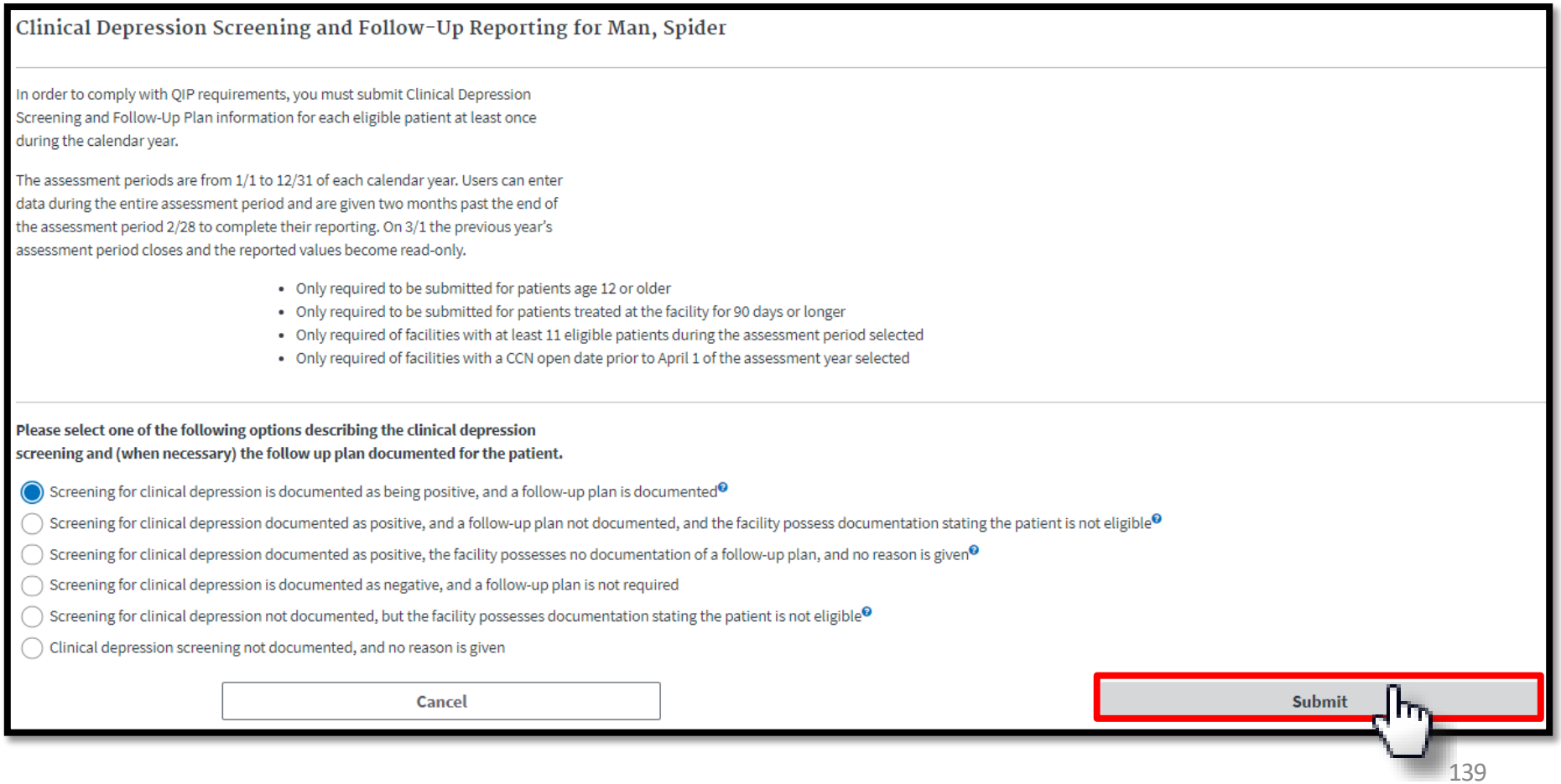
Click Report

Review the list and click **Report** for the desired patient.



Submit Clinical Depression

Review the Clinical Depression options, make the necessary selection, and click **Submit**.



Successful Submission

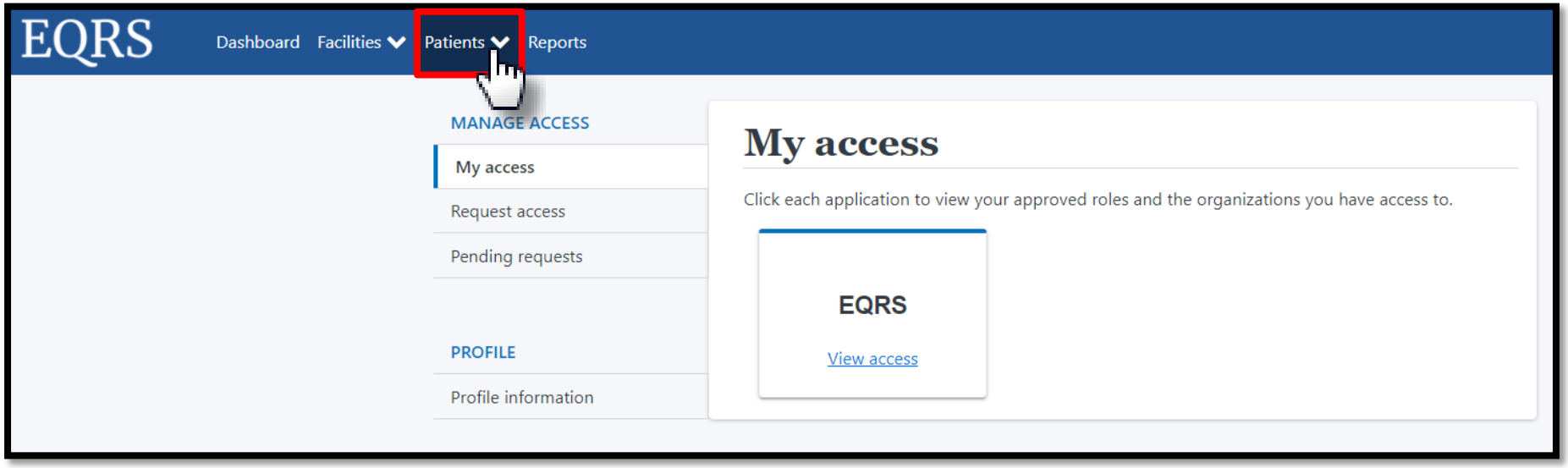
EQRS displays a time stamp of the Clinical Depression Screening that was submitted and displays the "**Clinical depression assessment reported successfully**" message.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Discharge a Patient

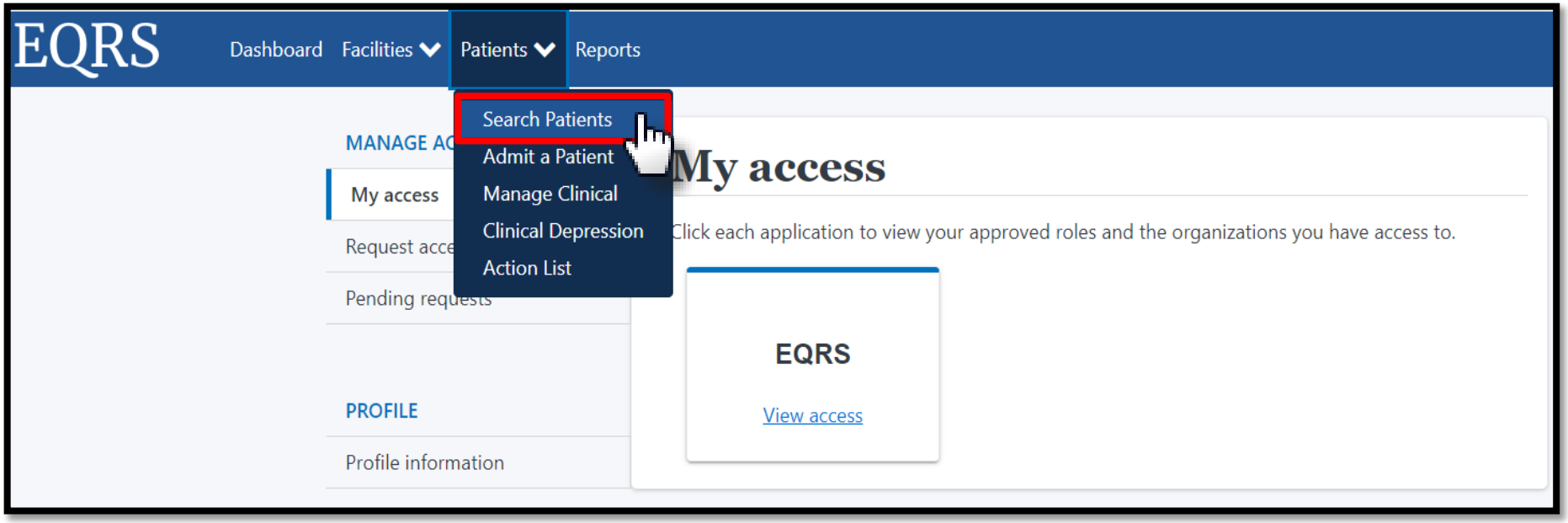
Click Patients

Click **Patients** in the navigation menu.



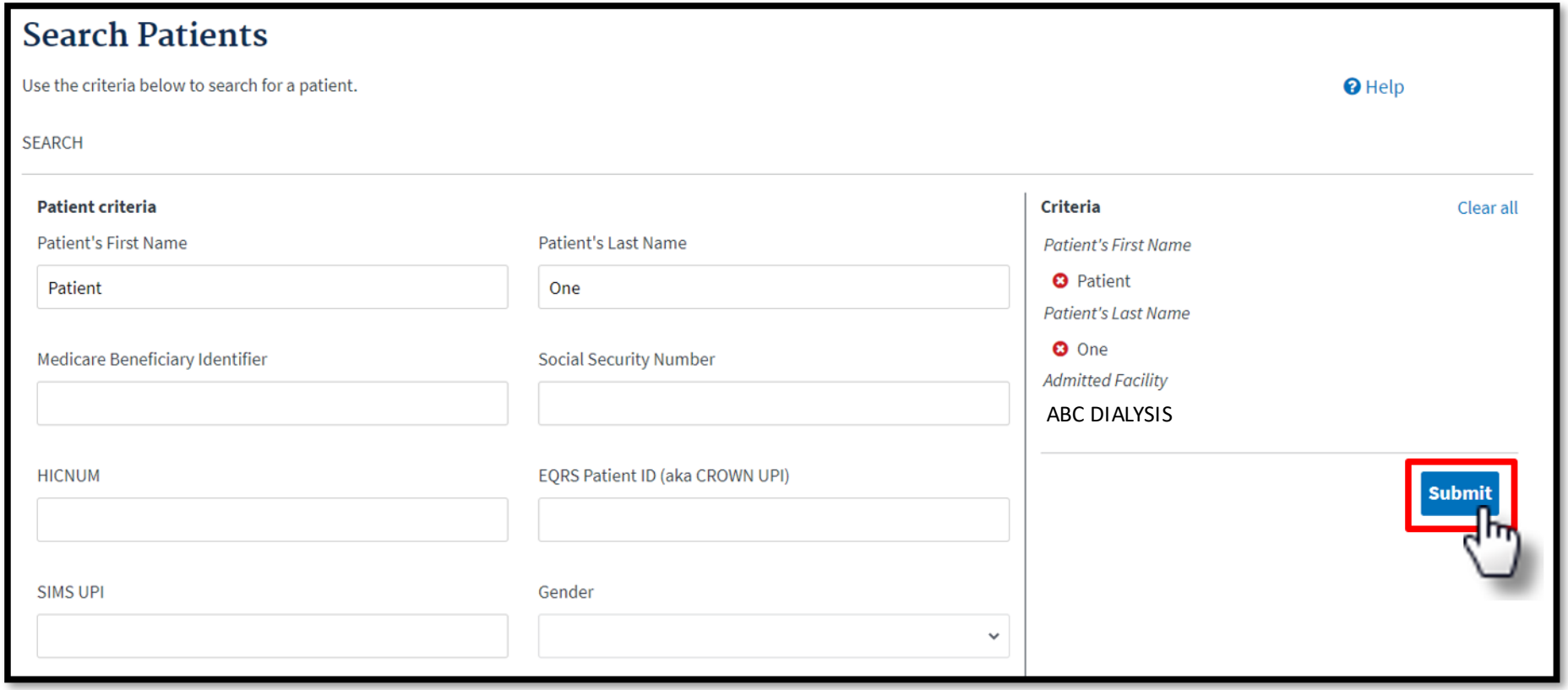
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



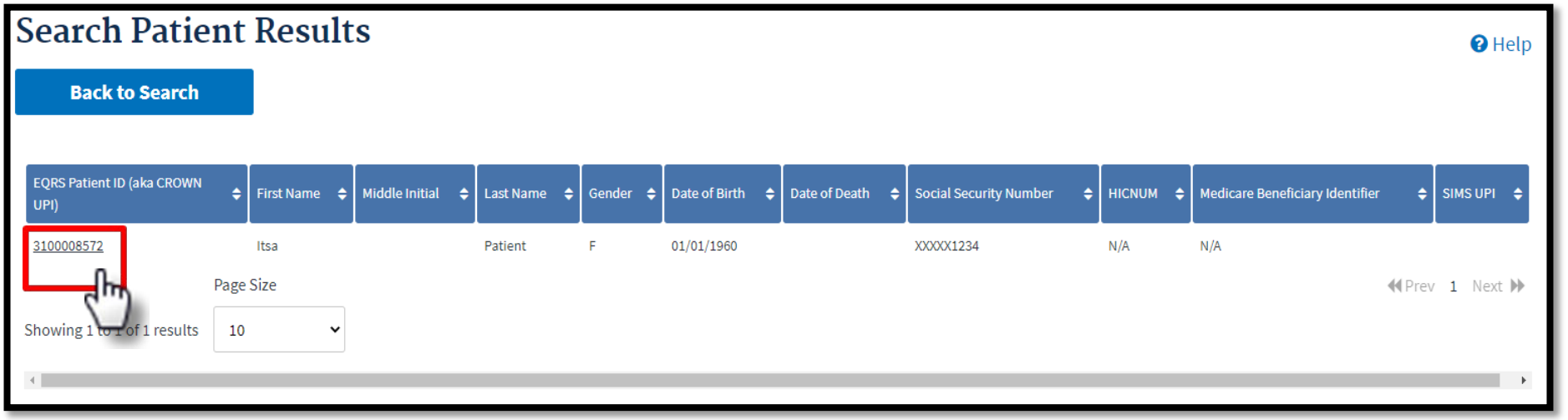
Enter Search Criteria

Enter search criteria to locate patient. Click Submit.



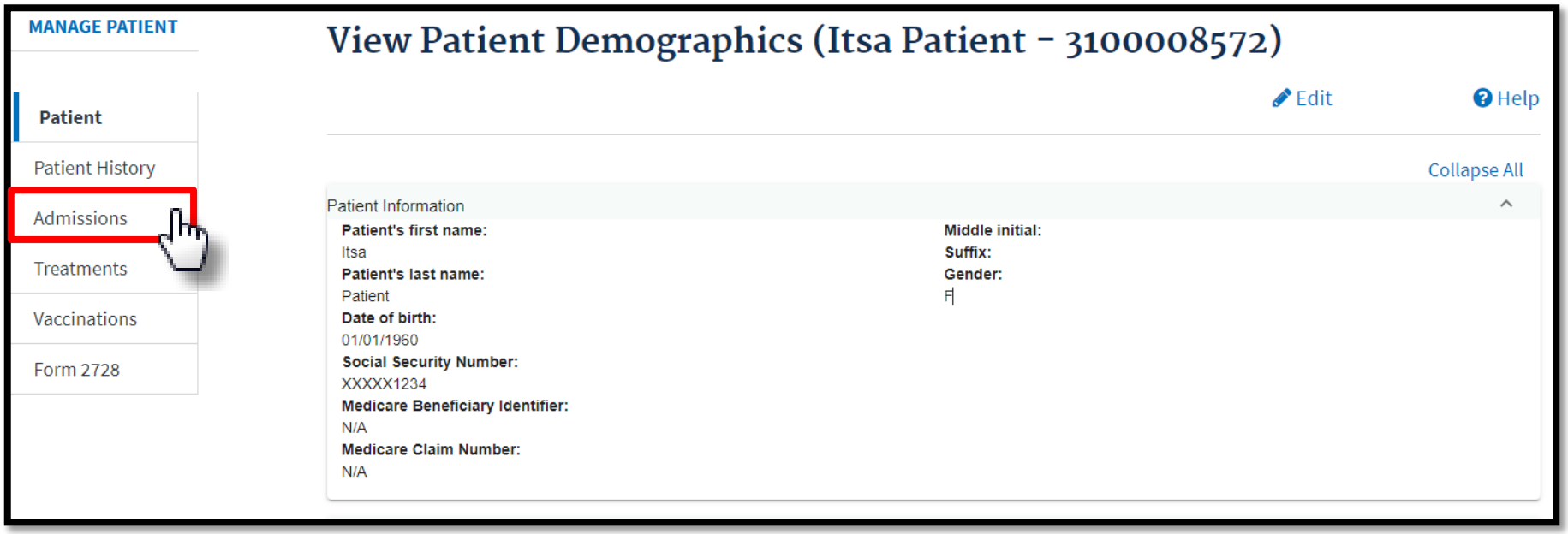
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



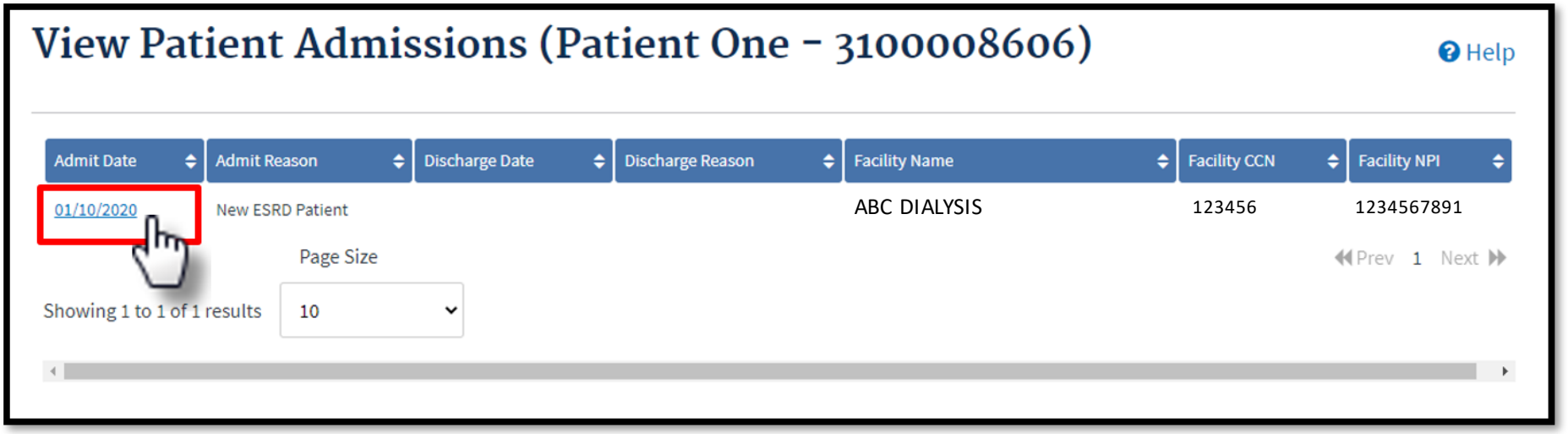
Click Admission

View the patient's demographics and click the Admissions link.



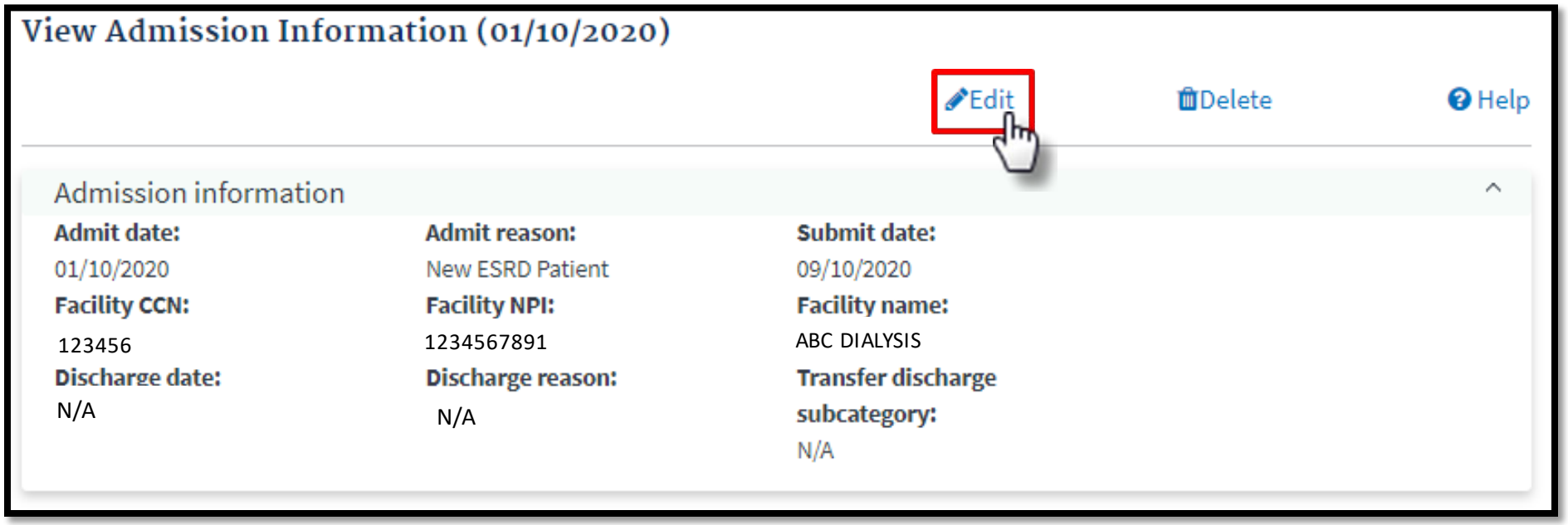
Click Admit Date

Click the **Admit Date** link.



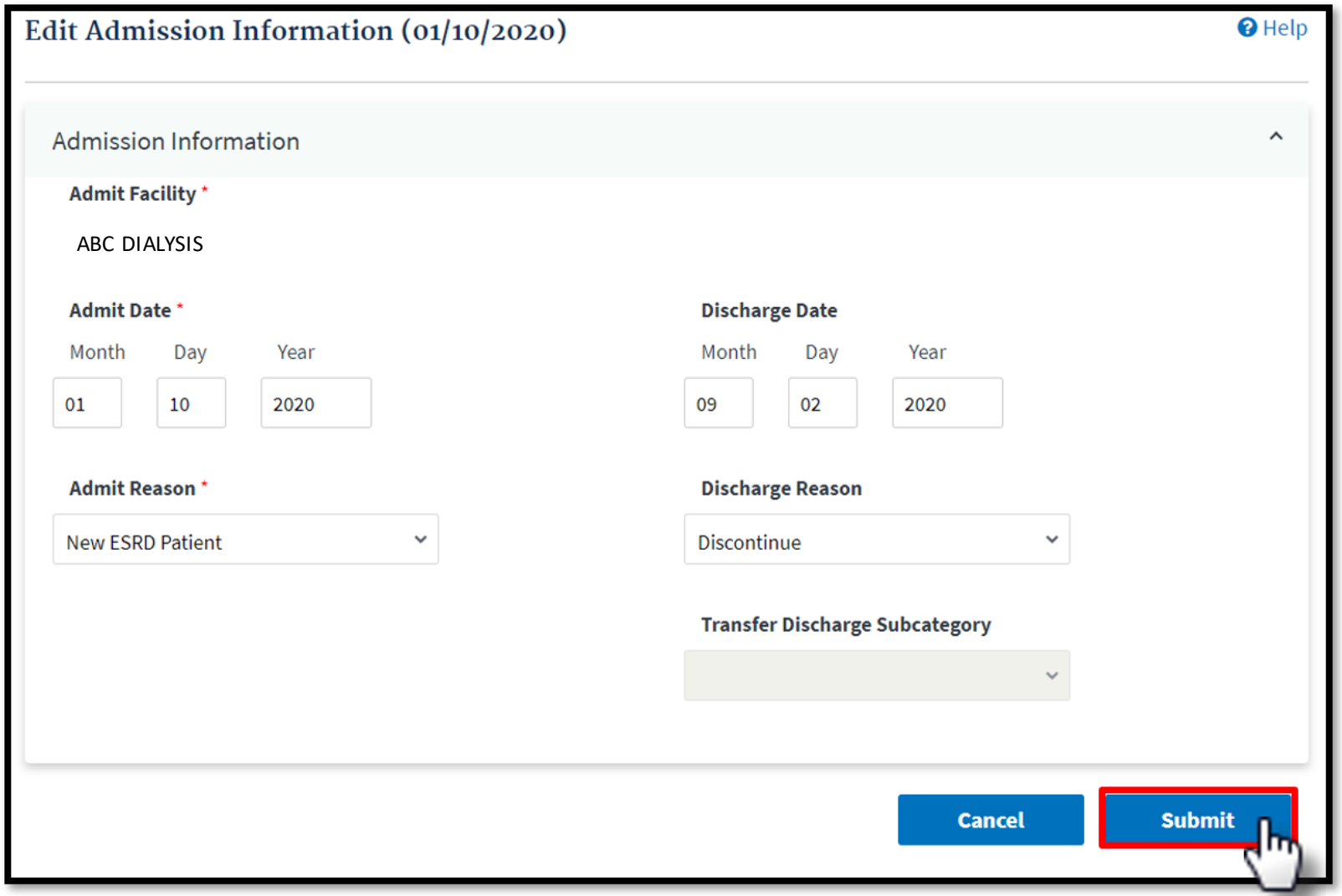
Click Edit

Review the Admission Information and click the **Edit** link.



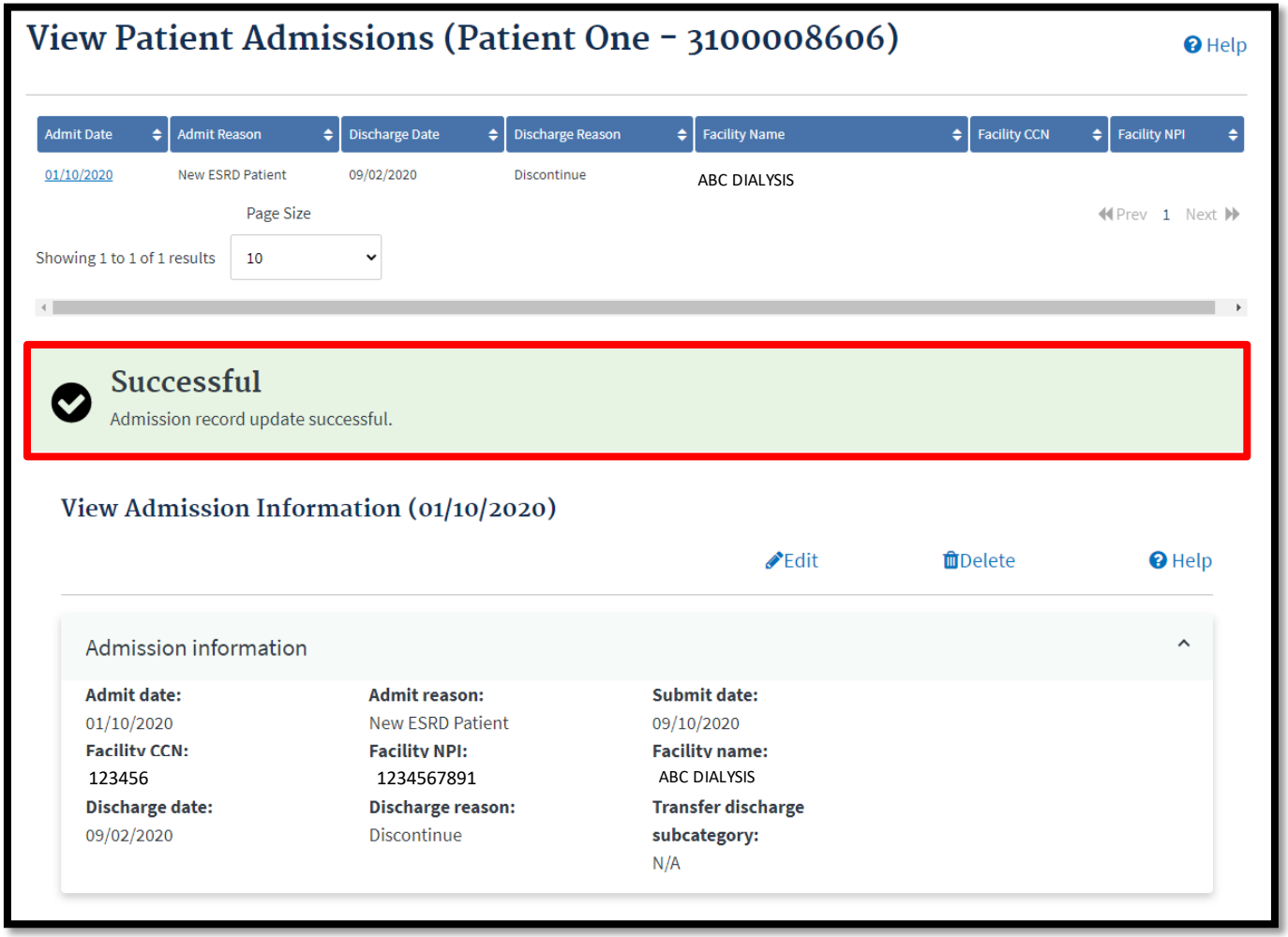
Click Submit

Enter the discharge information and click **Submit**.



Successful Submission

EQRS displays the "**Admission record update successful**" message.

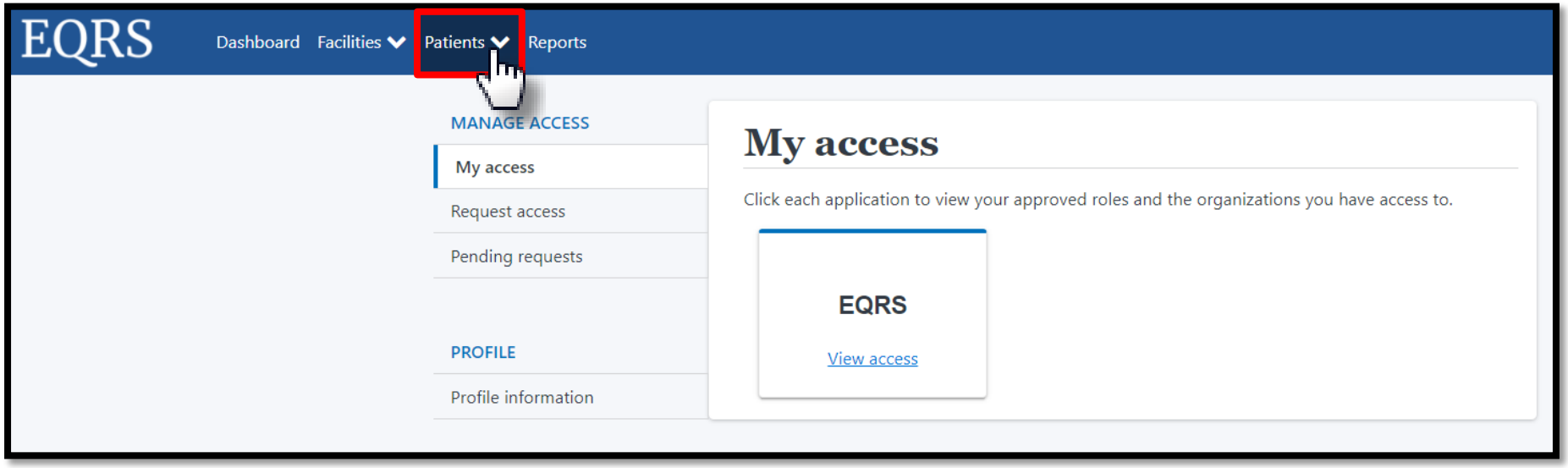


CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Complete a CMS-2746 Form

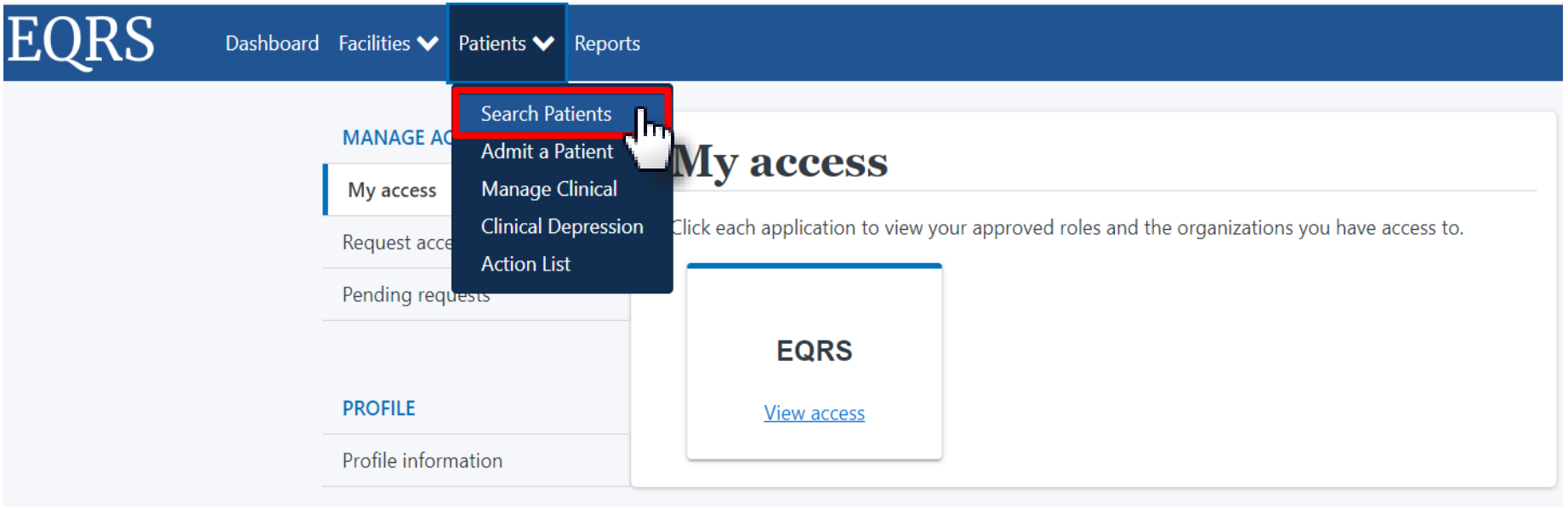
Click Patients

Click **Patients** in the navigation menu.



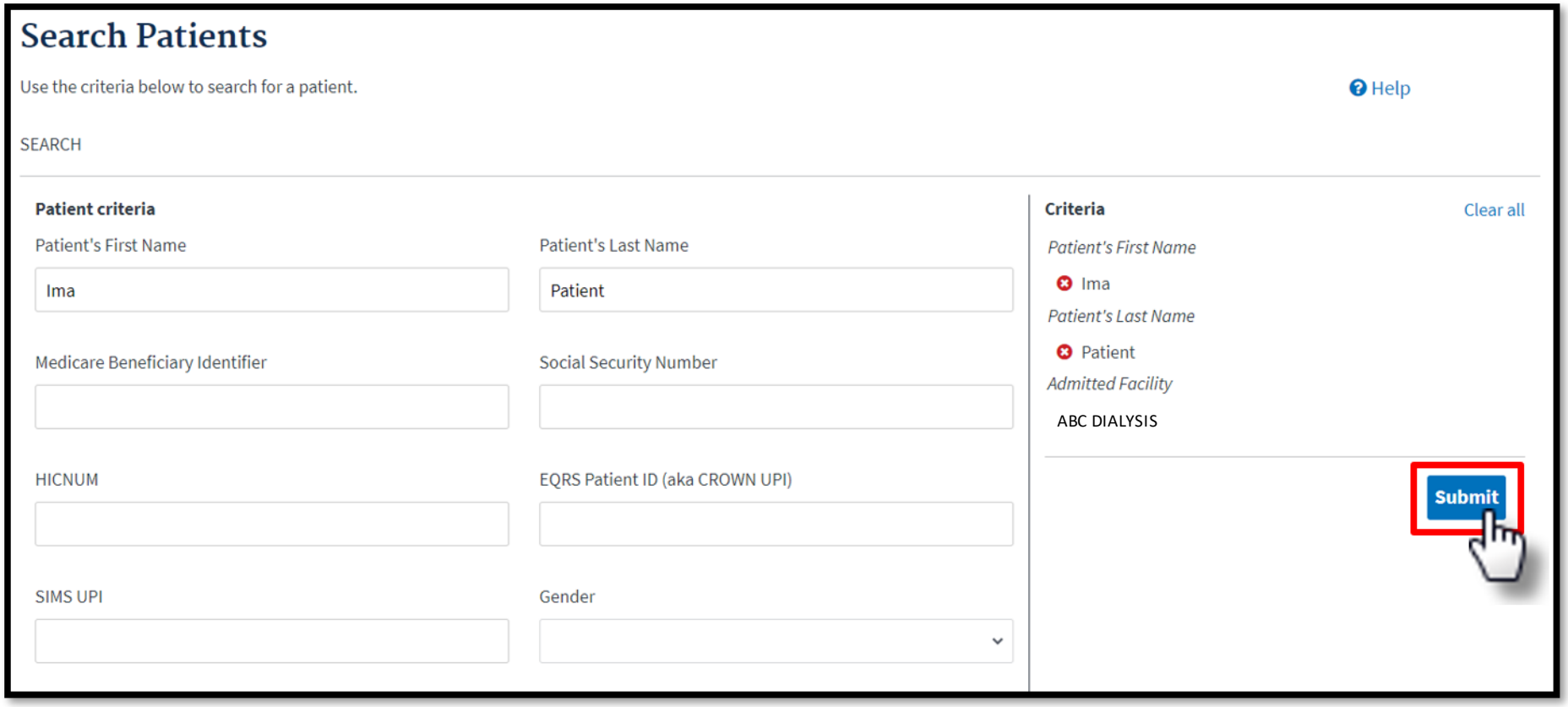
Click Search Patients

Click **Search Patients** in the Patients sub-menu.



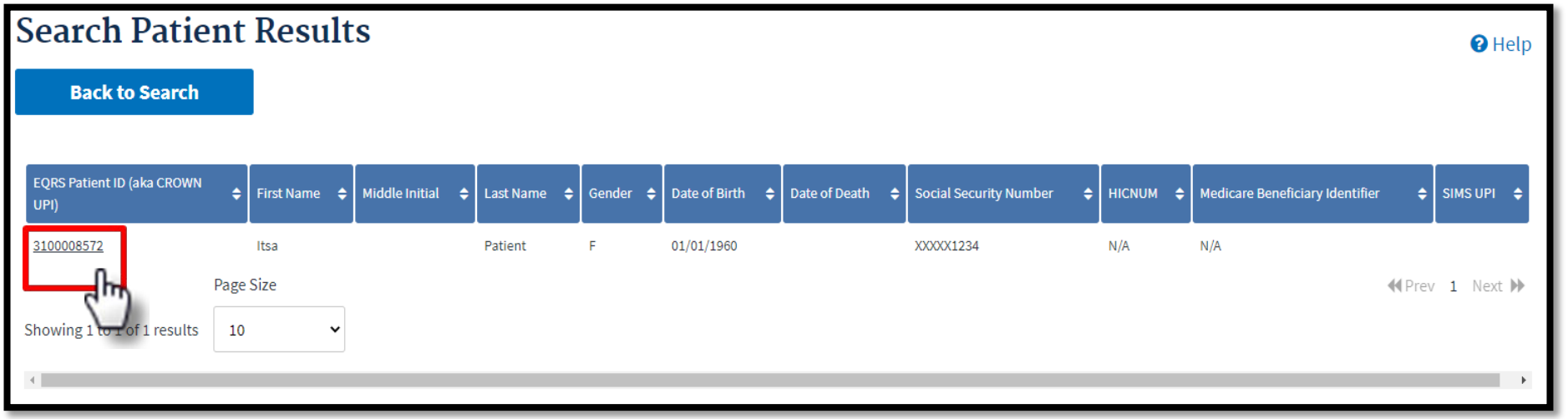
Enter Search Criteria

Enter search criteria to locate patient. Click Submit.



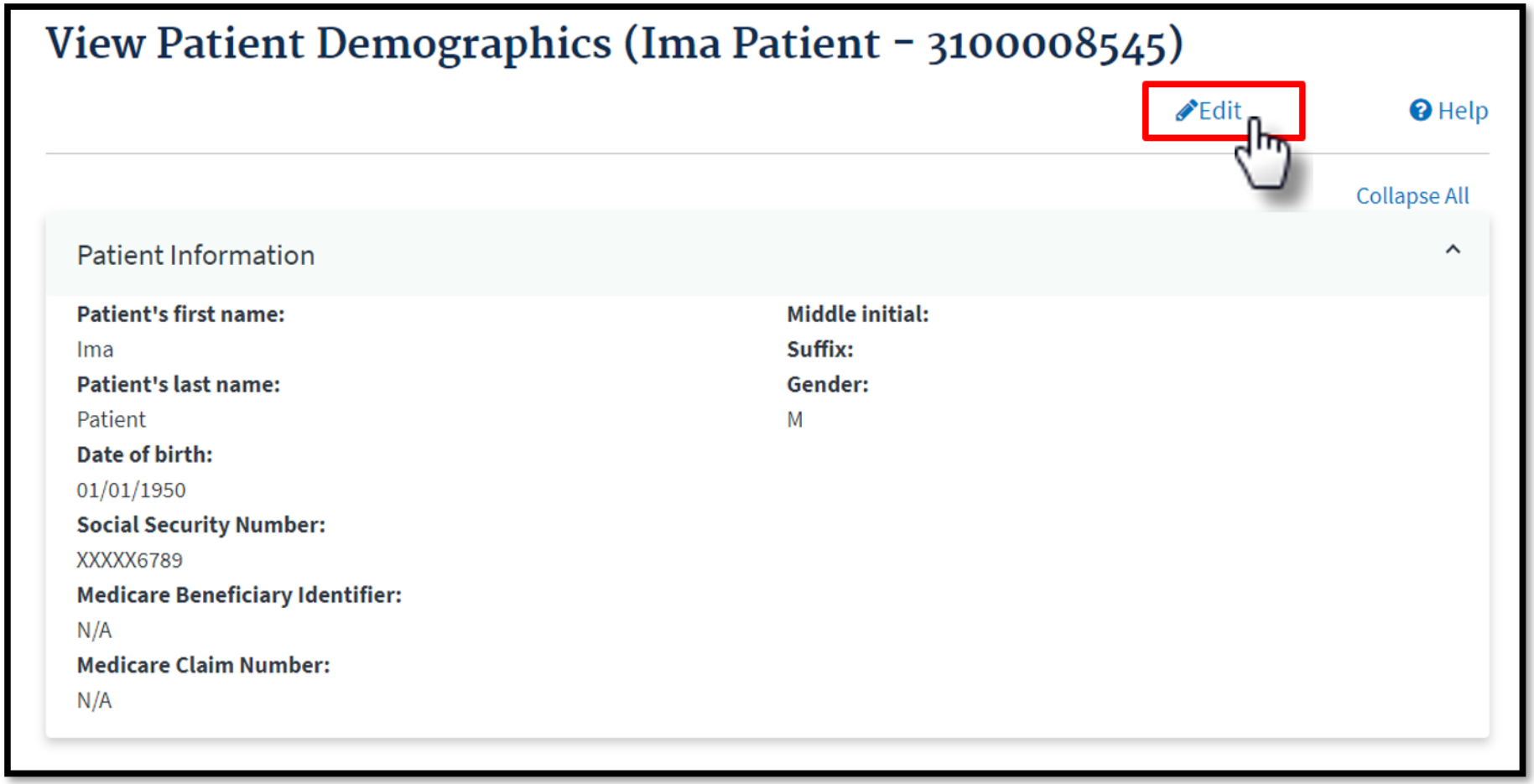
Click EQRS Patient ID

Click the **EQRS Patient ID (aka CROWN UPI).**



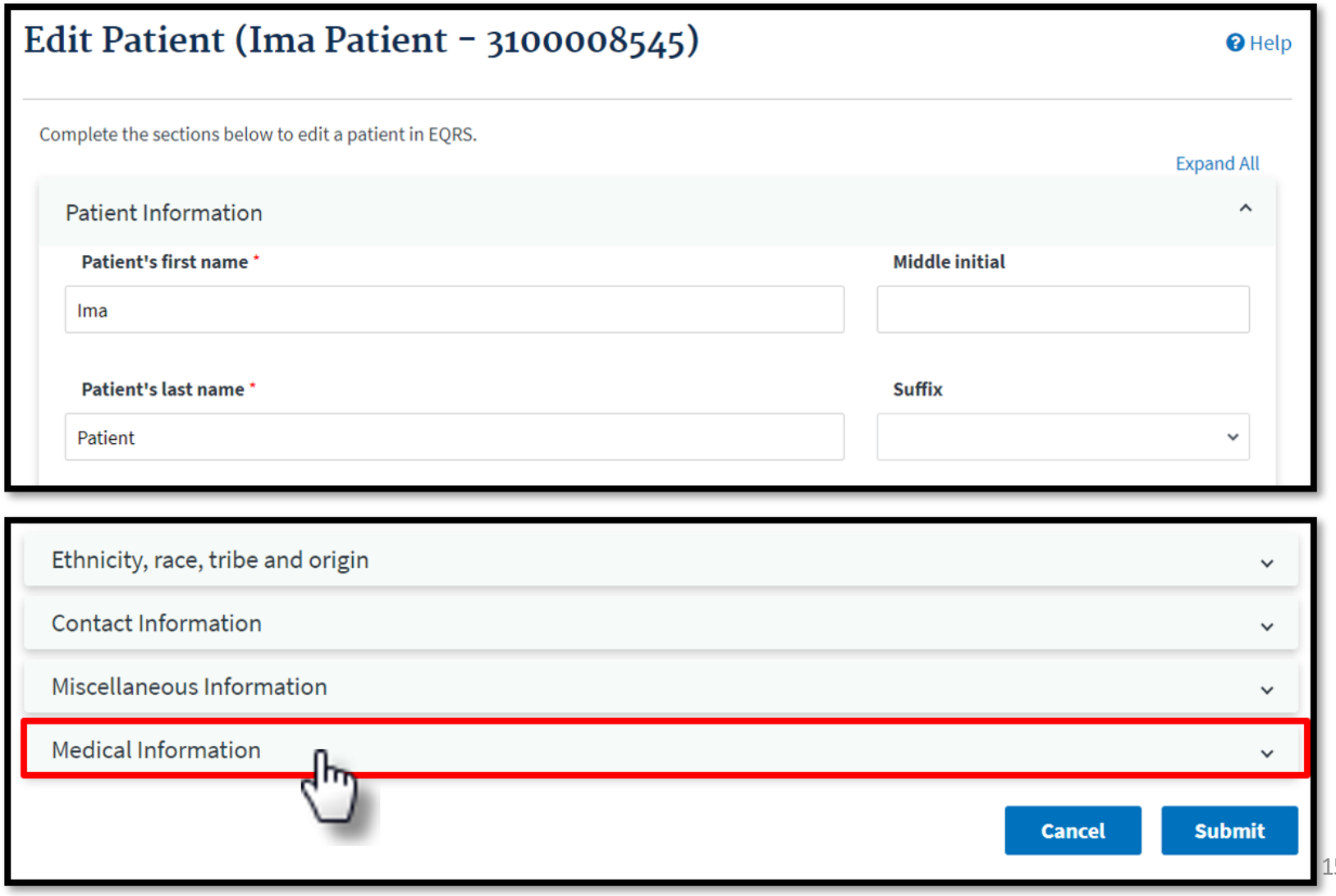
Click Edit

View the patient's demographics and click the **Edit** link.



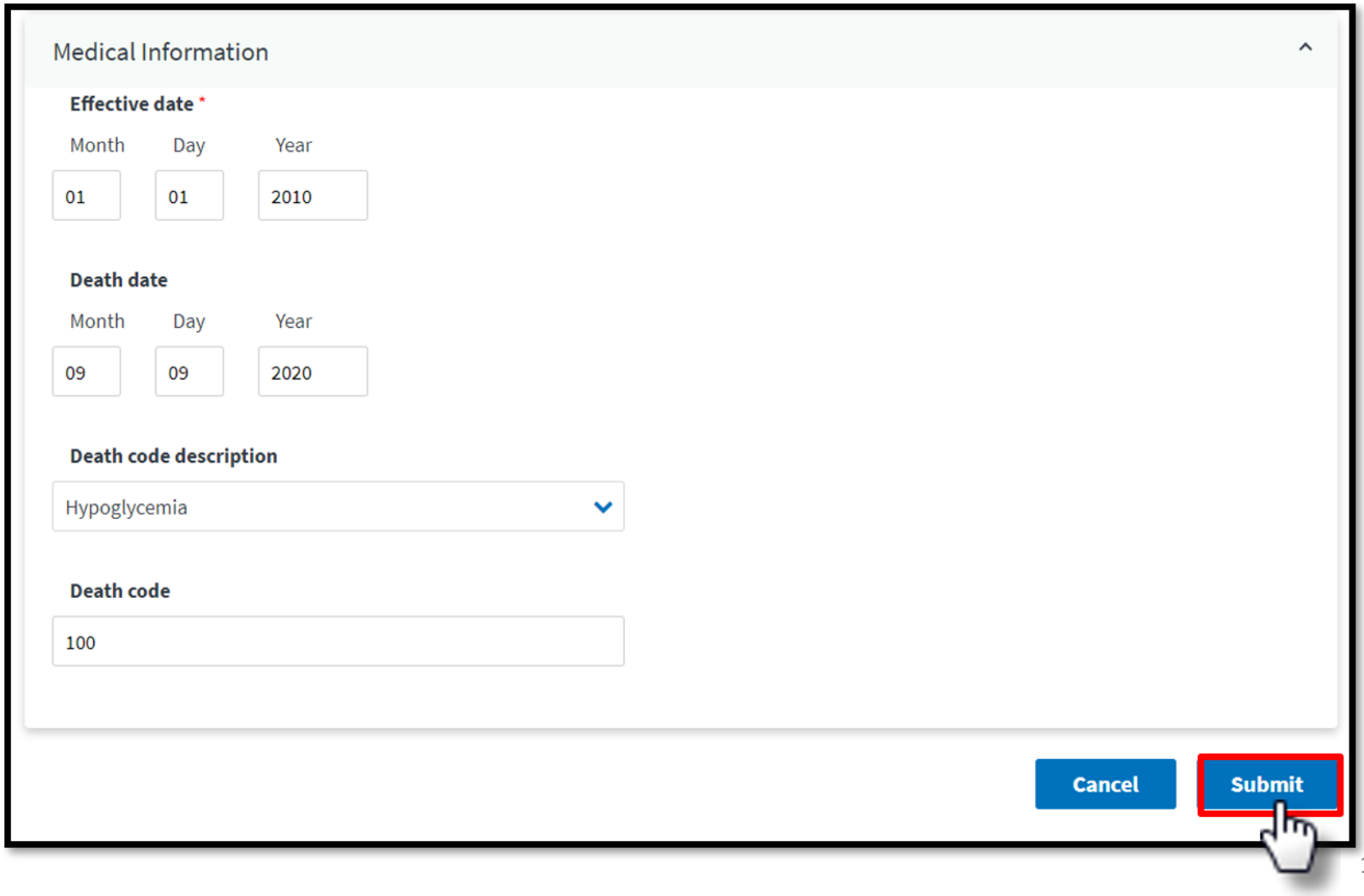
Click Medical Information

Expand the Medical Information section to enter the death information.



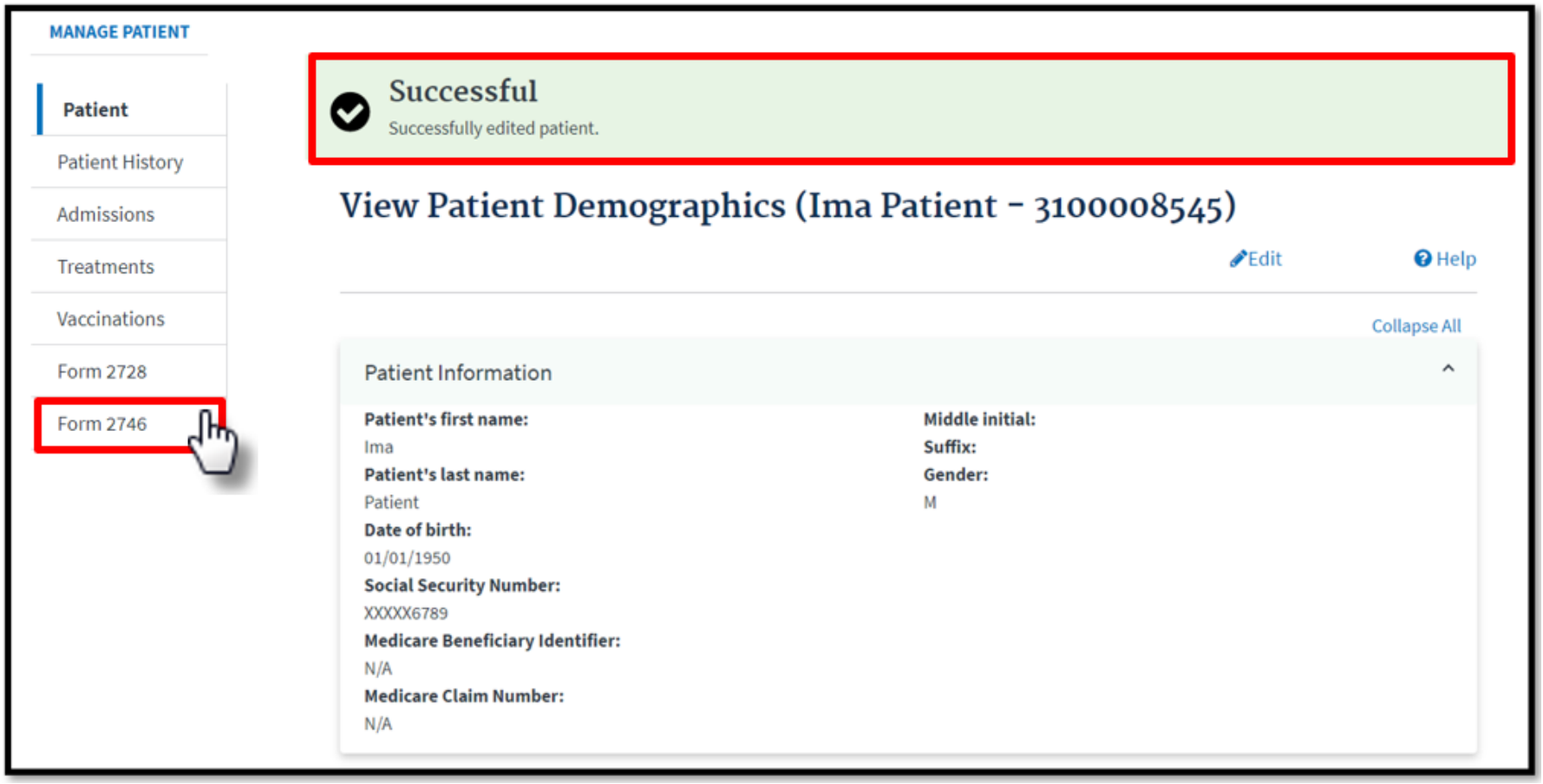
Click Submit

Indicate the date and cause of death. Click **Submit**.



Click Form 2746

EQRS displays **Successfully edited patient** message. Next click the **Form 2746** link.



Indicate Key Patient Info

Review the form and indicate Key Patient Info, as needed.

Add a Death Notice (2746)

Help

OMB CONTROL NUMBER 0938-0448 Expires 11/30/2022

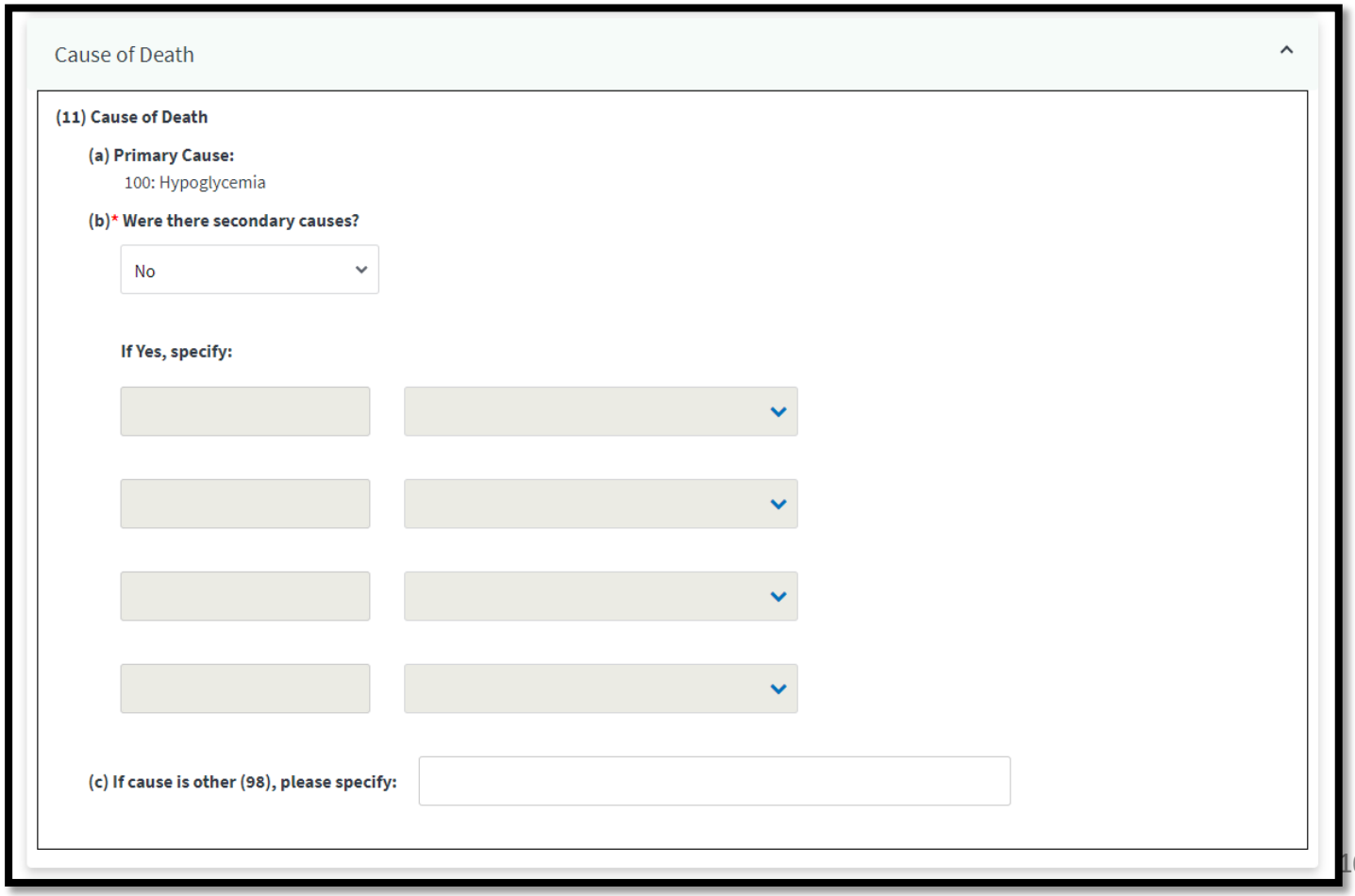
Collapse All

Key Patient Info - 3100008545

(1a) Patient's Last Name Patient	**(1b) First Name** Ima	**(1c) MI**
(2)Patient's Sex Male	**(3) Date of Birth** 01/01/1950	**(4) Medicare Beneficiary Identifier or Social Security Number** XXX-XX-6789
(5) Patient State of Residence FL	**(6) *Place of Death** Home	**(7) Date of Death** 09/09/2020
(8) Modality at Time of Death Incenter Hemodialysis		
(9) Provider Name and Address **(a)** ABC DIALYSIS **(b) Address Line 1:** **(c) Address Line 2:** **(d) Zip Code:** **(e) City:** **(f) State:**	**(10) Provider Number** 123456	

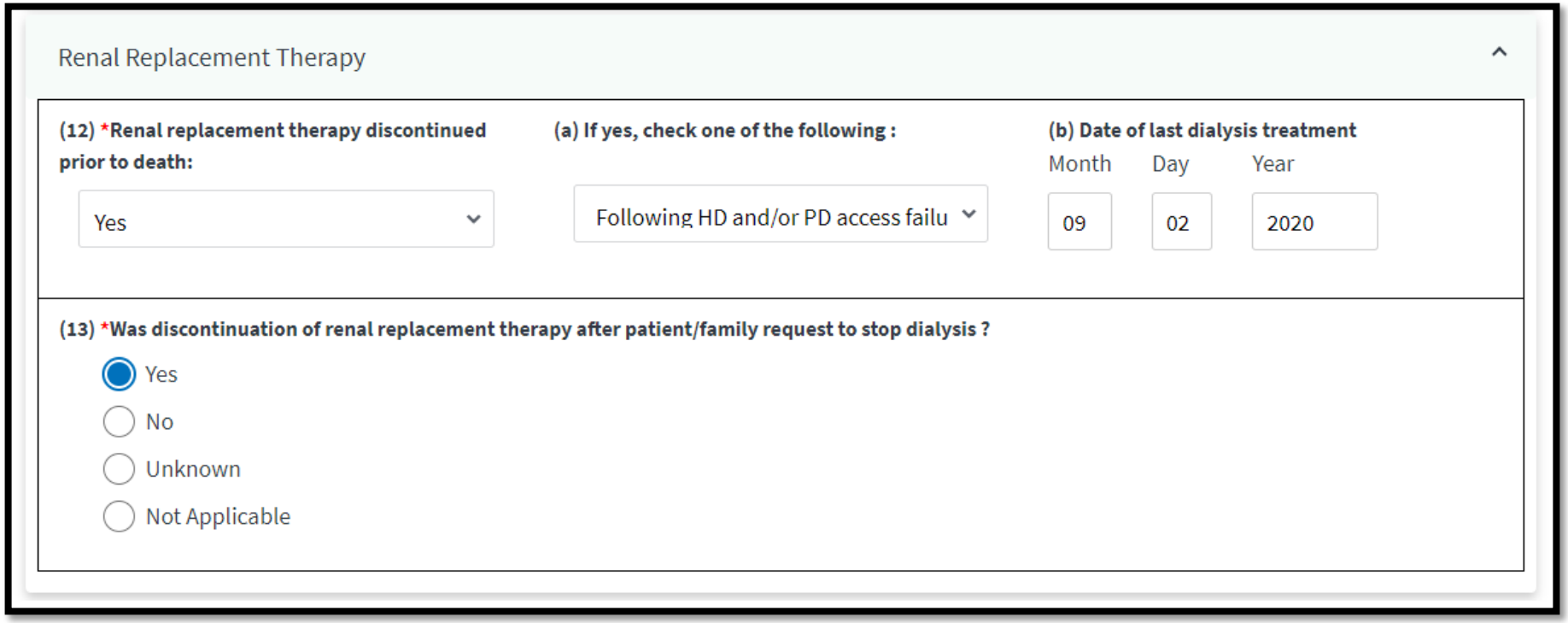
Review Cause of Death

Review the Cause of Death and indicate any Secondary Causes, as needed.



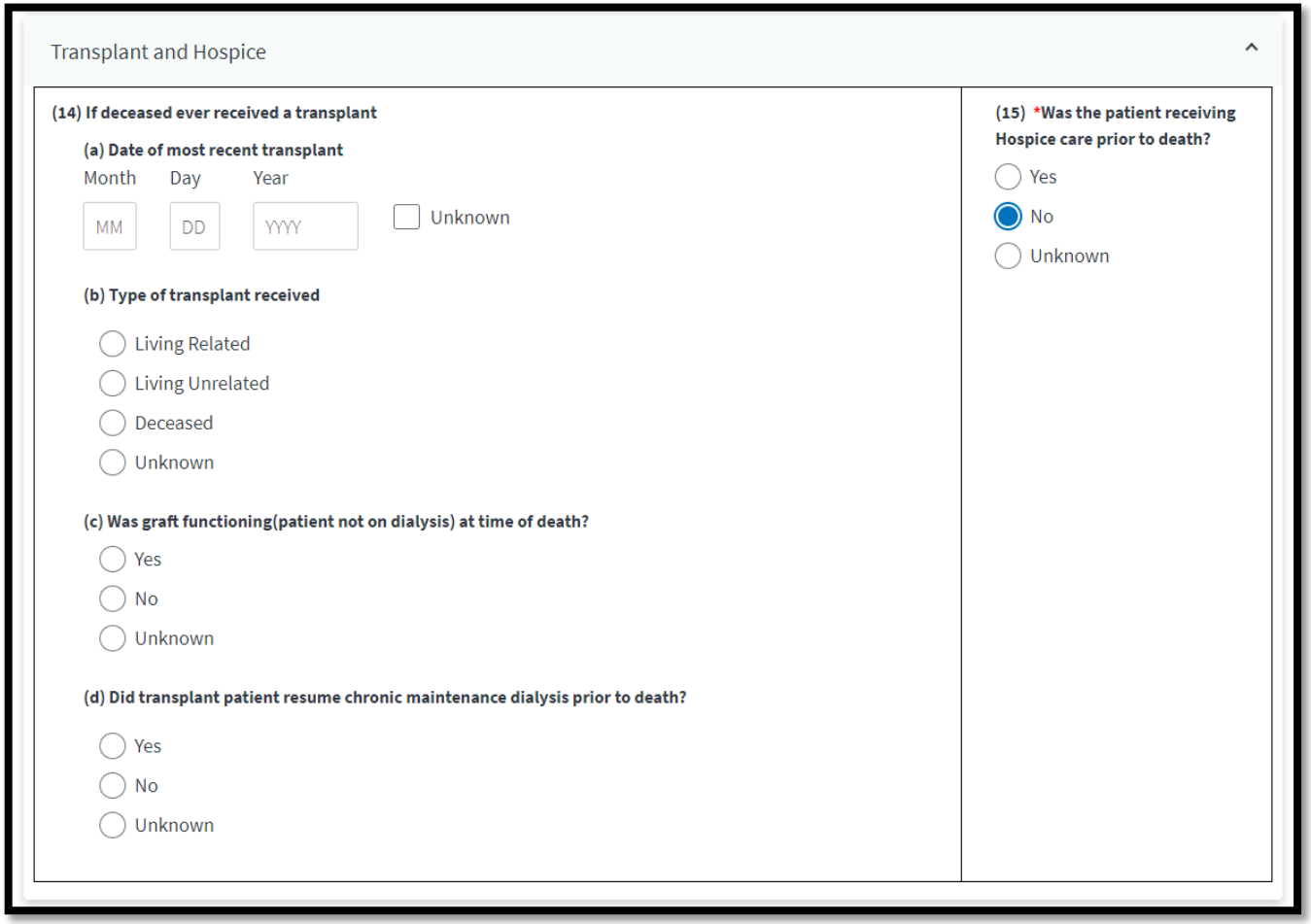
Indicate Renal Replacement Therapy

Review and complete the Renal Replacement Therapy section, as needed.



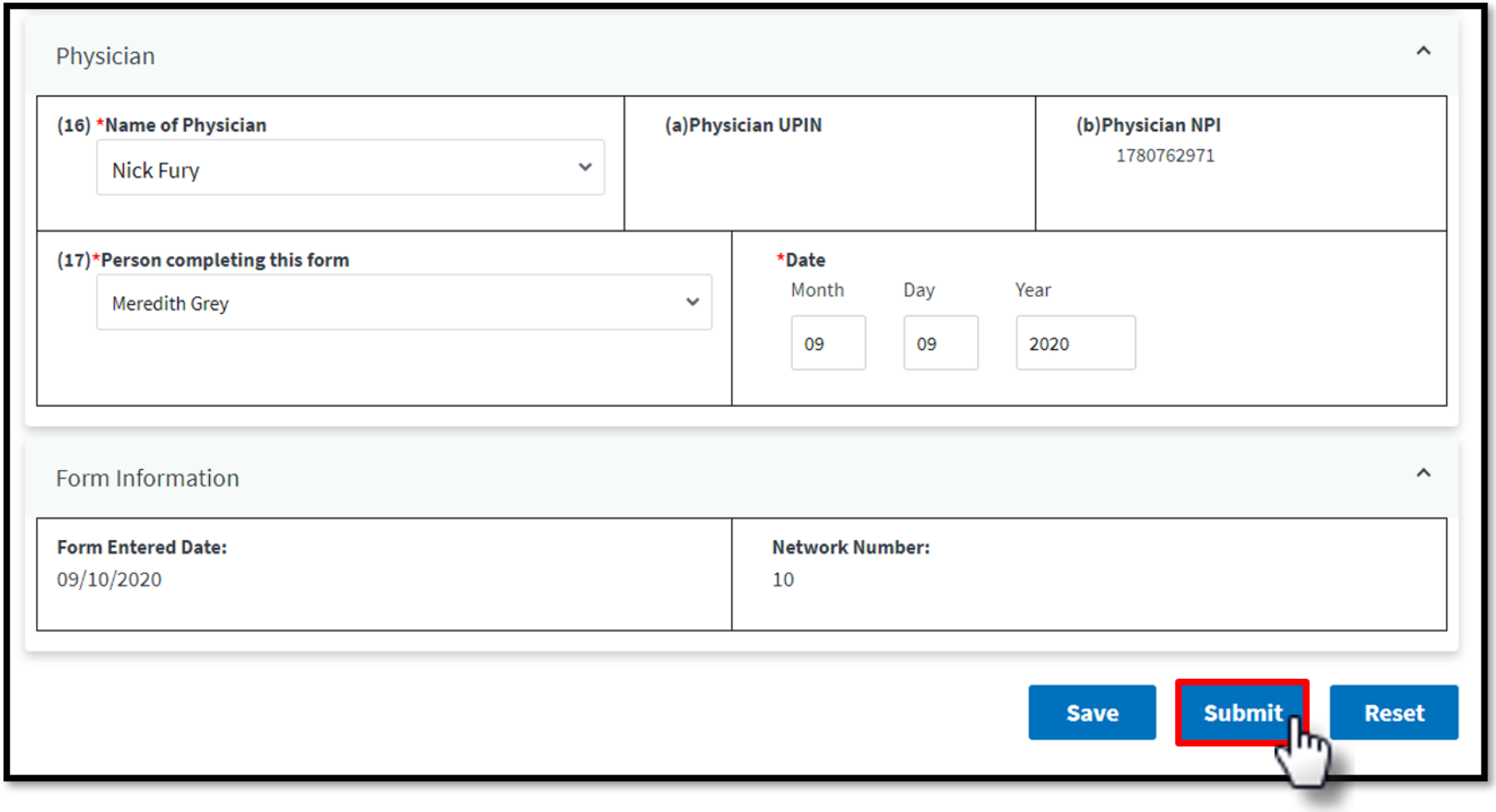
Indicate Transplant and Hospice Care

Review and complete the Transplant and Hospice section, as needed.



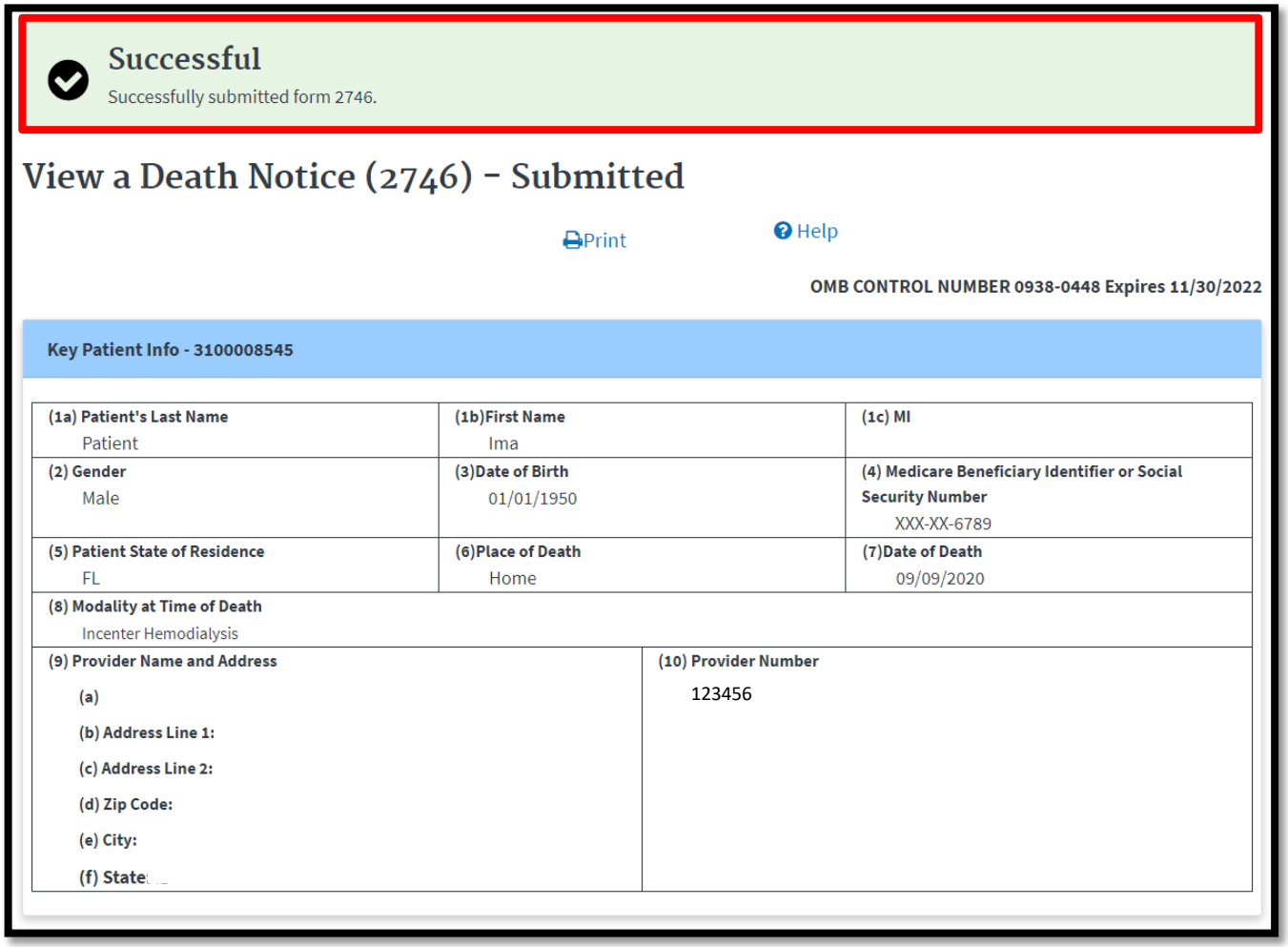
Click Submit

Complete the Physician section and click **Submit**.



Successful Submission

EQRS displays "**Successfully submitted form 2746**" message.



Successful

Successfully submitted form 2746.

View a Death Notice (2746) - Submitted

Print Help

OMB CONTROL NUMBER 0938-0448 Expires 11/30/2022

Key Patient Info - 3100008545

(1a) Patient's Last Name Patient	**(1b)First Name** Ima	**(1c) MI**
(2) Gender Male	**(3)Date of Birth** 01/01/1950	**(4) Medicare Beneficiary Identifier or Social Security Number** XXX-XX-6789
(5) Patient State of Residence FL	**(6)Place of Death** Home	**(7)Date of Death** 09/09/2020
(8) Modality at Time of Death Incenter Hemodialysis		
(9) Provider Name and Address **(a)** **(b) Address Line 1:** **(c) Address Line 2:** **(d) Zip Code:** **(e) City:** **(f) State:**	**(10) Provider Number** 123456	

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Resolve Accretions

What is an Accretion?

Accretion:

An ESRD patient identified in another CMS database that appears to be associated with your facility in the CMS database but is not currently admitted to your facility in EQRS.

Accepting an accretion walks you through admitting the patient to your facility in EQRS.

What Does Each Action Do?

You can take the following actions on accretions:

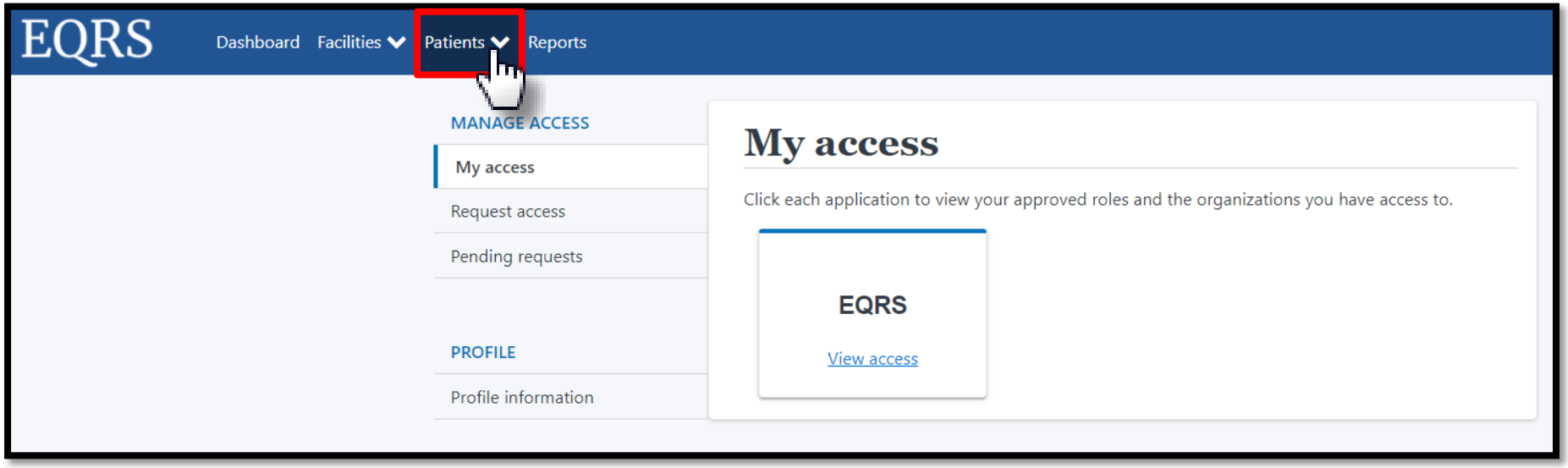
ACCEPT – You agree with the external source and will admit the patient to your facility in EQRS.

INVESTIGATE – This informs other users that the accretion is "under investigation" by you.

ESCALATE TO NETWORK – The patient is not in your facility. This option escalates the accretion to your network so they can reassign it to the correct facility.

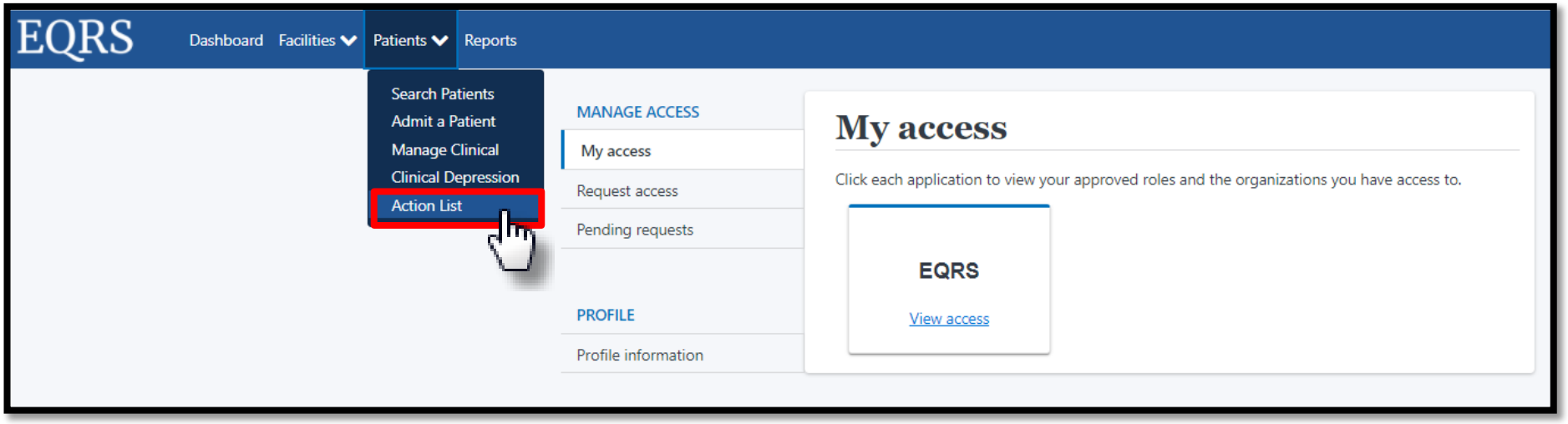
Click Patients

Click **Patients** in the navigation menu.



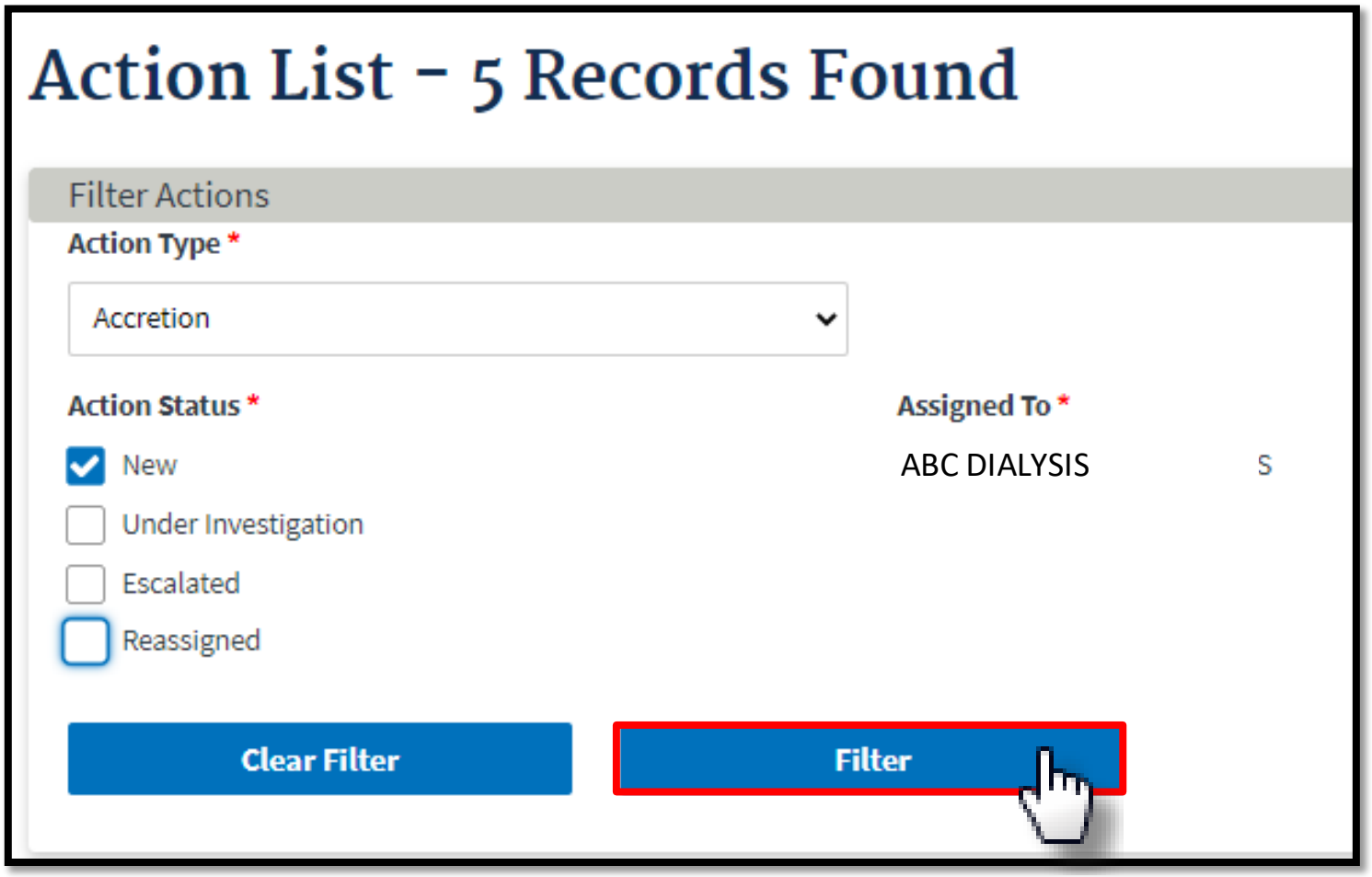
Click Action List

Click **Action List** in the Patients sub-menu.



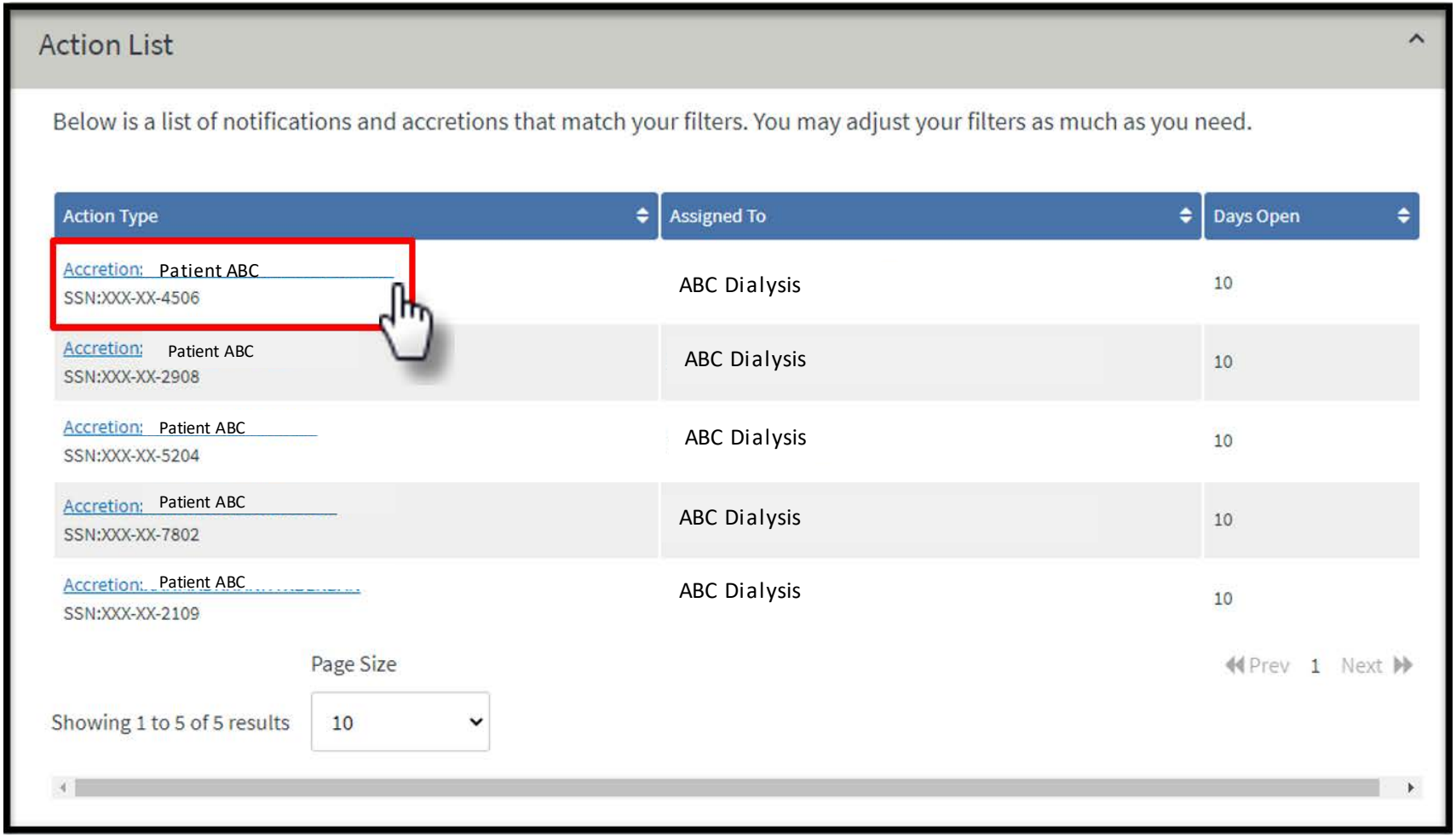
Enter Filter Actions

Enter Action Status and click **Filter**.



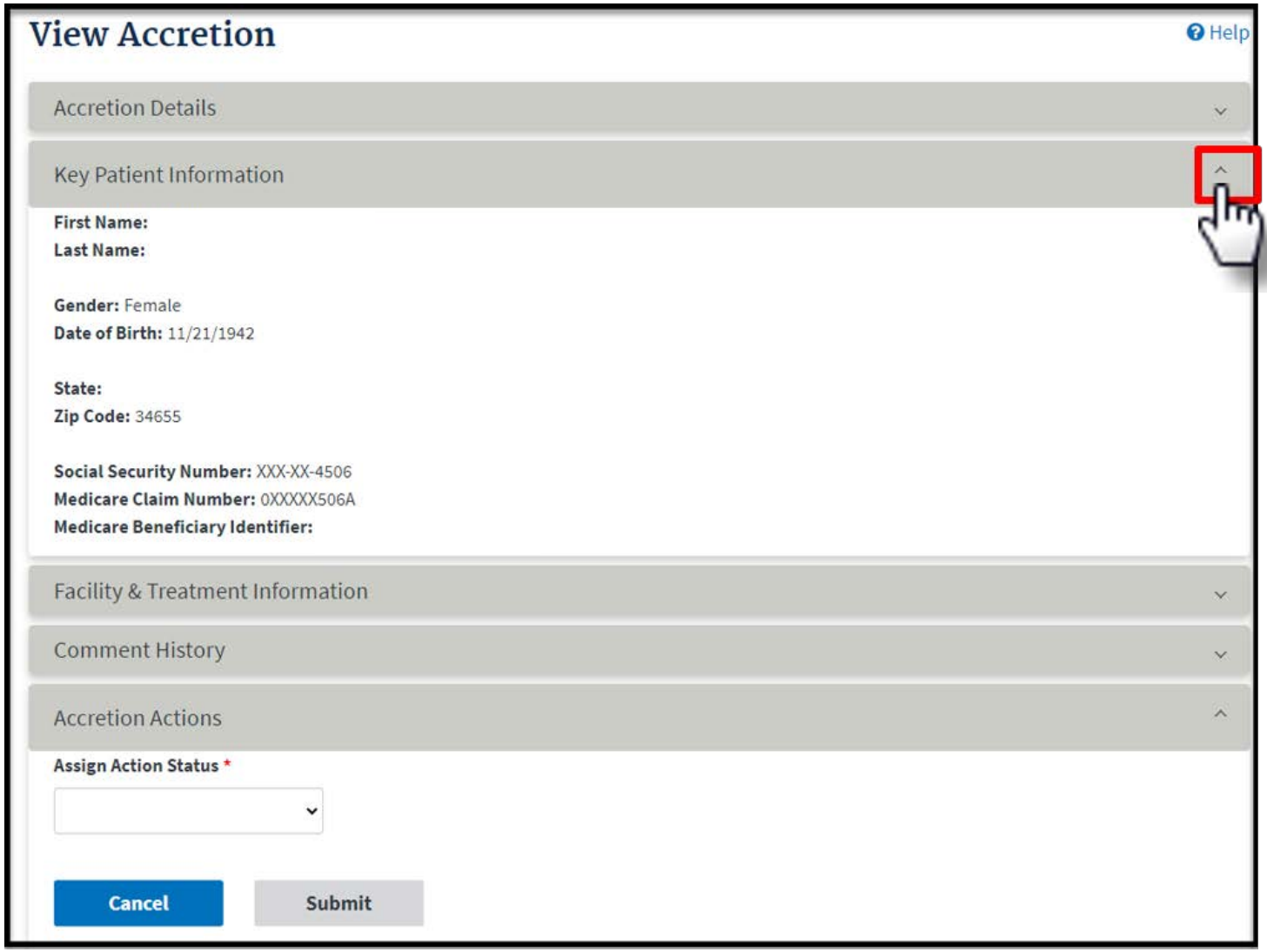
Click Accretion Link

Click the **Accretion link** in the Action Type section.



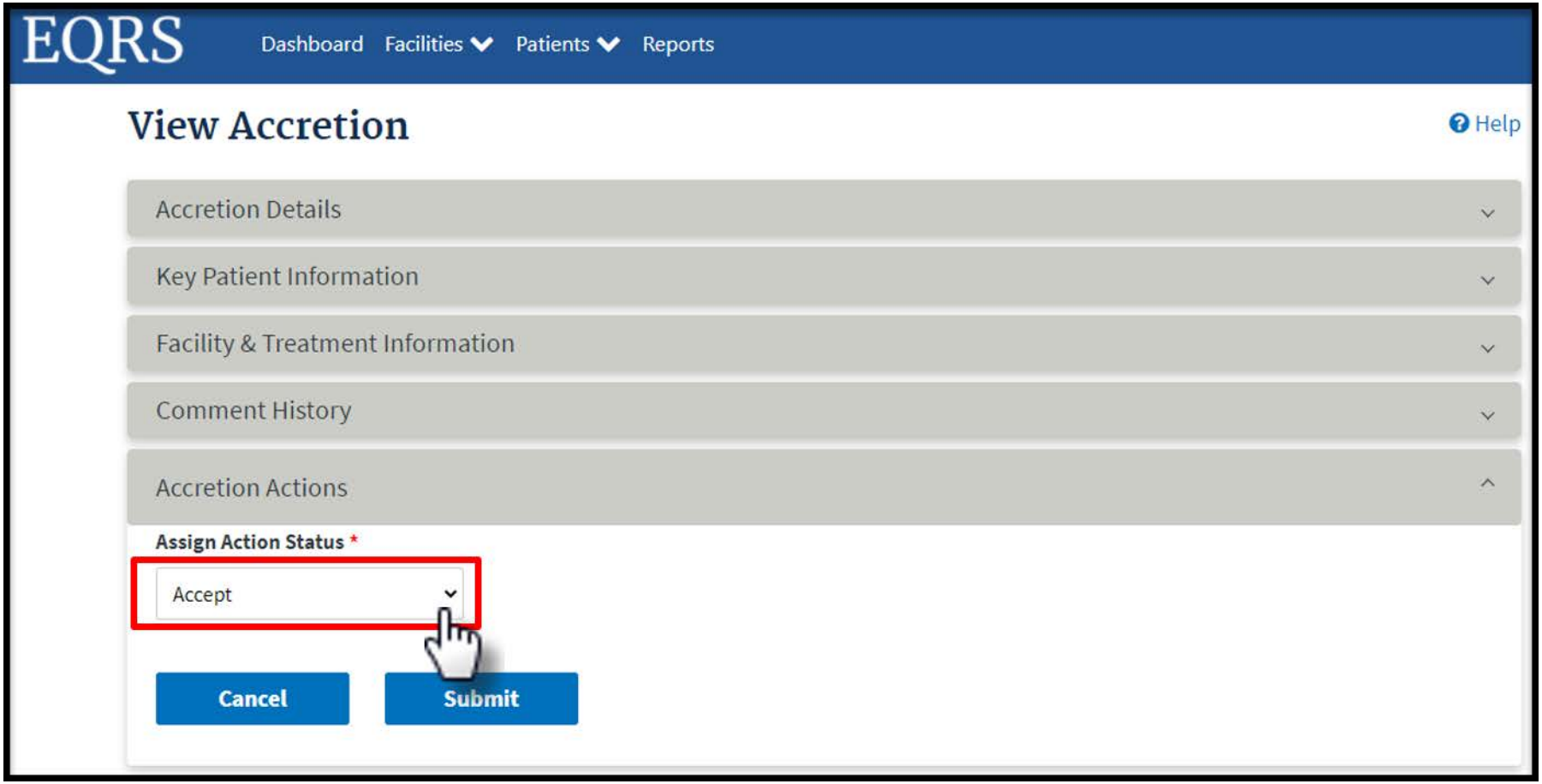
View Accretion

Click the accordion to view accretion information.



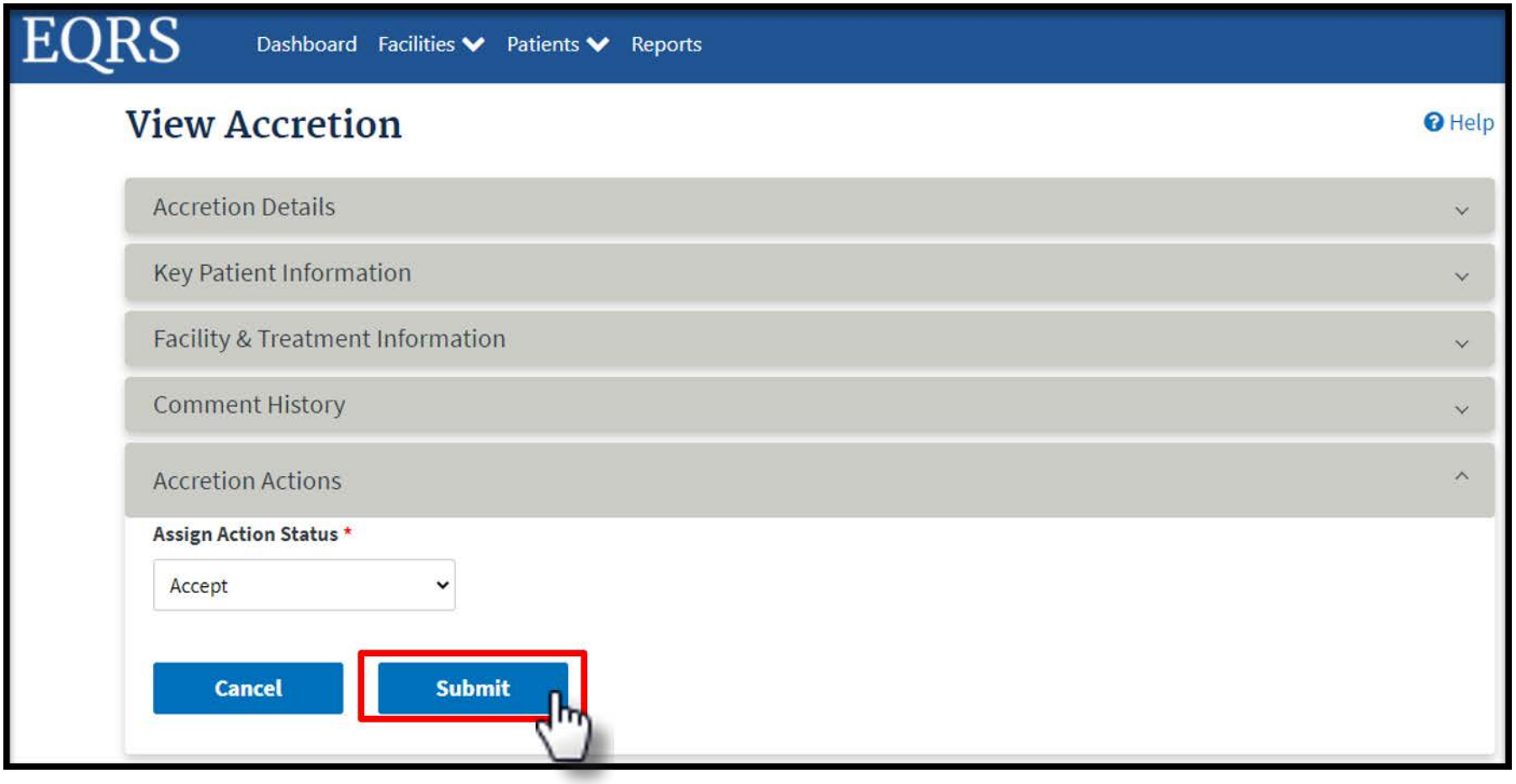
Accretion Accepted

Select **Accept** under the Assign Action Status to accept accretion.



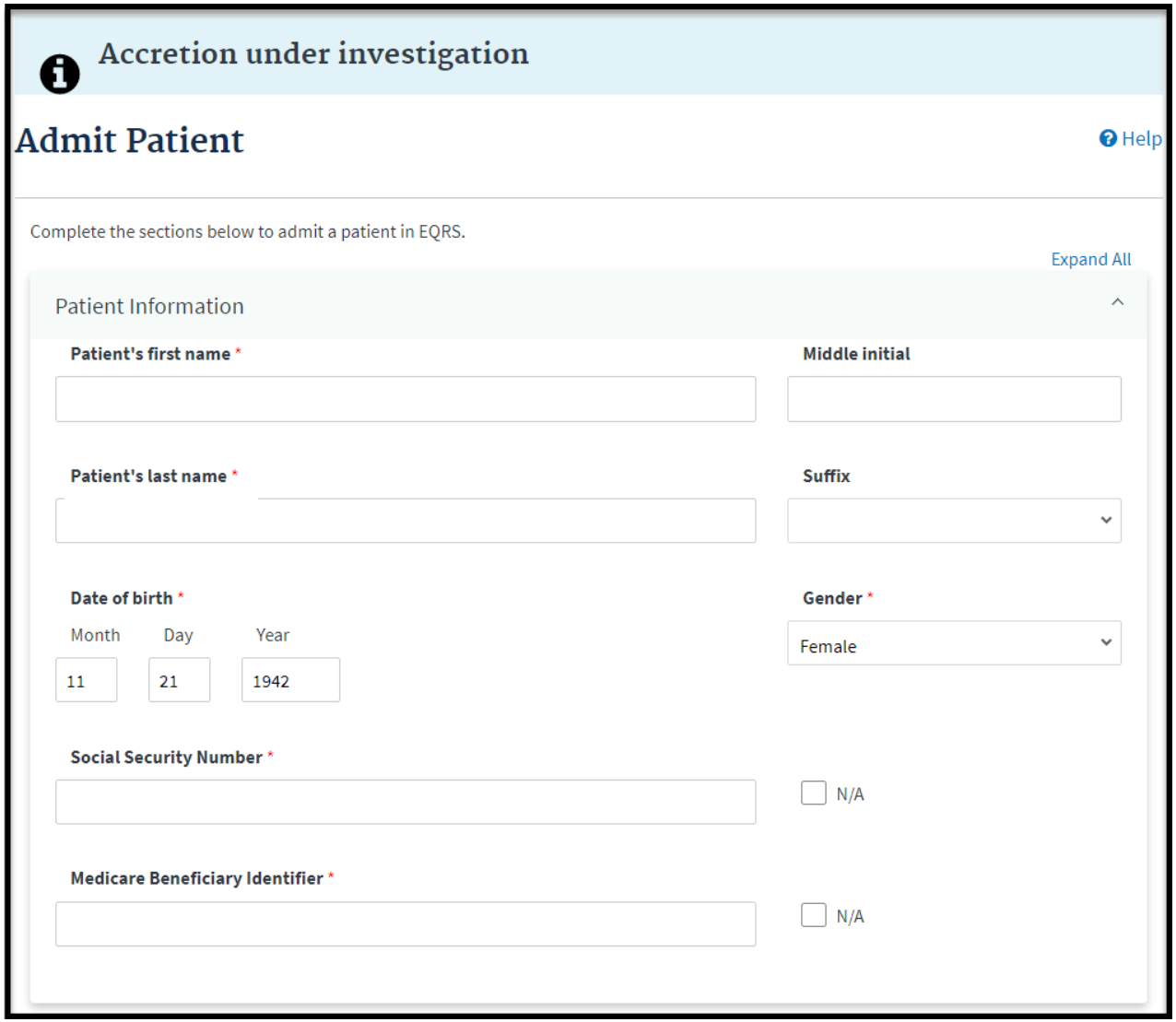
Submit Accretion

Click the **Submit** button to submit accretion.



Accretion: Admit Patient

Complete the patient admission process.



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Resources and Evaluation

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Company

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ESRD Systems Data Management Guidelines

ESRD Systems Data Management Guidelines PDF.

Important Links

- **HARP Training Materials**
- ESRD QIP UI Quick Start Guide
- ESRD Systems Data Management Guidelines

Learn About EQRS

MyCROWNWeb.org provides a number of tools to help the ESRD community become better users of the EQRS system. Please visit the pages and quick links on the website for more information on the End Stage Renal Disease (ESRD) Quality Reporting System (EQRS). Please check out the **Latest Official News from CMS** and **Event Announcements** for more latest news.

Information

MyCROWNWeb.org features extensive information on EQRS. **Events** provides recorded presentations from recent Town Halls, describing the evolution of EQRS; **News** provides the latest news from CMS on ESRD and EQRS, and provides links to monthly

Education tab

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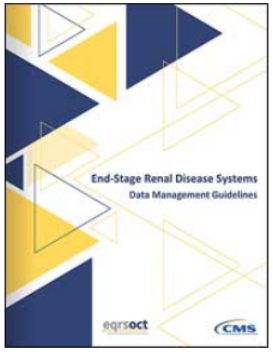
Educational Resources Navigation

EQRS Minimum Computer Specifications

Virtual Training Calendar

ESRD Systems Data Management Guidelines

ESRD Systems Data Management Guidelines PDF.



Online Help Portal

Visit the EQRS Help Portal to ask your questions directly to the Help Desk or the EOCT staff.

Educational Resources

EQRS Educational Resources

MyCROWNWeb offers many different training and educational tools to help new and experienced users of EQRS. Please visit the pages listed below to find the best educational resources for you:

Virtual Training Calendar

EQRS Resources:

- EQRS Data Submission Stopwatch
- EQRS Quick Start Guide
- Form (2728, 2746) Modifications Process Update
- EQRS: Patient Admit/Discharge Guidance
- EQRS Minimum Computer Specifications
- CMS-2744 Annual Facility Survey Training

HARP Training

- HARP Training
  - HARP Training Recording
    Revised on: 04/02/2020
  - HARP Training PDF
    Revised on: 04/02/2020
  - HARP Quick Start Guide
    Revised on: 04/02/2020

ESRD Quality Incentive Program:

The new End-Stage Renal Disease Quality Incentive Program (ESRD) Facility User Quick Start Guide is now available in PDF.

- ESRD QIP Training Slides
- ESRD QIP System Preview Period Training Video