

July EQRS Stakeholder Meeting Recording

July 30, 2024, 2:00PM ET

50m 21s



Alissa Kapke 1:55

Hello everyone, welcome to the July 2024 EQRS stakeholder meeting.

My name is Alyssa Kapke and I am the project director for the End Stage Renal Disease Quality Program Support Contract for CMS.

My team from our research, along with my colleague Tricia Phulchand from Quality Insights will be presenting today as well as in future EQRS and ESRD quality incentive program webinars.

Today's focus will be a more general overview of EQRS, including the user roles, how to access EQRS, the different forms on EQRS, how to edit data EQRS.

And then we'll also cover some of the newer dashboards that are now available in the EQRS.

And then finally, I will go over some upcoming deadlines and then with the remaining time respond to questions that we received before and also during this presentation.

So to submit questions, we encourage you to do so during the event and you can go ahead and access the live Q&A.

And just select ask a question at the bottom of the panel and then just type your questions and then submit send.

And so then thank you all for those of you who did respond to the questions when you registered for today's event, your responses do help us plan these events and also ensure that we're addressing the issues that matter to you and at the level of knowledge that you need.

So as you can see, the event attendees are pretty evenly split between those who don't know much about EQRS but want to learn more and those who have some EQRS knowledge but want to stay current and then those who are very knowledgeable but want to learn about upcoming changes in EQRS.

We'll try to help each of these groups accomplish their objectives for attending today.

We also asked you which of today's topics you want to learn most about, and most of you said that all of today's topics are equally important.

Those that did identify a single priority most often wanted to learn about the clinical and facility dashboards, and we will be covering those today.

Additionally, we received some specific questions that some of you wanted to learn about.

So we are planning to address those, but if other questions come up, like I said, just go ahead and enter those into the queue and a form and we'll address them as we can.

So now I will hand the presentation over to Trisha.

TP **Tricia Phulchand** 4:33

The thank you, Alissa.

Good afternoon.

As Alyssa said, my name is Tricia Phulchand and I am the regional data manager for Quality Insights Inc and I oversee 3 ESRD networks.

As Alissa mentioned, I'm going to provide providing an overview of EQRS for you today.

So what is EQRS

As you can see on the screen, it stands for the End Stage Renal Disease Quality Reporting System.

It is the only CMS patient registry that's used to track ESRD patients, whether they're on dialysis or have received a kidney transplant.

It is also a very essential data source for ESRD quality incentive program, otherwise known as ESRD QIP, and it collects patient demographics, clinical data calculates Medicare coverage periods and measures and scores the quality of care for dialysis facilities that they provide.

So you may be wondering who in your clinic really needs access to EQRS and why, so on this screen, I basically wanted to show you or give you an idea of who in your clinic may want to access the system.

We want to make sure that you understand that ESRD is expanding into a main source of information for our ESRD population.

So a question that we often receive is where should I begin to learn more about EQRS?

I often advise that you visit www.mycrownweb.org to begin to understand a little bit more about the system itself.

This site provides information on upcoming trainings and access to past trainings

and recordings, and to begin, you should also click on the education tab in the top right hand corner of the screen.

Once on the education tab, you will be able to access several equals resources, including HARP and EQRS Quick start guides and recordings of past new user trainings.

I know that one of the questions posed during the registration was regarding learning module availability for new users to EQRS.

This would be the location to access those new user training slides and recordings which are actually separated into specific topics for easier reference.

In the next few slides, I will review the process for applying for EQRS access.

If you're new to EQRS you will need to apply for a role in the healthcare quality information system, access rules and profile.

Otherwise known as HARP, by using the link on this screen, you are going to be able to apply for access during the process.

You can create your own username and password, but please make sure that it meets the system requirements for password length.

And Please note that you are going to be responsible for providing personally identifiable information or PII, which includes your full name, date of birth, and Social Security number in order to verify your identity.

So on this screen I wanted to provide an example of some of the questions that maybe pose to you during the identification process.

So questions are going to include previous addresses, employers and possibly loan information.

Please note that this is not a credit report inquiry though.

So once you establish an account in HARP, you must then log into EQRS using your newly established user name and password.

So the link for EQRS is noted on this screen on the landing page you'll see the option to request access on the left hand side of the screen.

Once you click that, you're then going to select the organization category, which would be facility, and then you're going to select the application that you're going to request a role to, which for most of you is going to be the patient registry, and then you would click continue.

On the next screen you'll need to search for your facility under the search for organization by either entering in your 6 digit CMS certification number or CCN, or by typing out your facility name.

Then your name of your facility should appear in the box, as you noticed by the example on the screen.

Next, you're going to need to select an EQRS role.

Please note the definitions of the roles on this screen and select the most appropriate one.

Only the facility editor role will allow you to make changes in EQRS, the facility administrator and facility viewer roles are for viewing purposes only.

Once you select the role, you're going to click add and then you're going to click submit request.

Please note that the system will ask you to confirm the submission if your facility has a security official assigned, then that person will receive an email within a few minutes to approve the account.

You should receive both a confirmation email that your role was submitted and another when your units security official has approved your role.

Once approved, you will be able to access your facilities data in EQRS.

So over the next few slides, I'm just going to review a few basics of EQRS itself.

This slide is the EQRS stopwatch.

It's going to provide a basic breakdown of EQRS deadlines, including expectations of CMS forms submissions, admissions and discharges, and clinical data submissions.

ESRD forms should be submitted in EQRS, so there are a few different forms that are required in the system.

The first is the CMS 2728 form.

As you can see on this slide, there are three types of 2728 forms, but technically it's the same form, but they're just going to be term determined by certain circumstances under which the forms would be submitted.

The first is the initial 2728, which registers a patient as ESRD and provides medical evidence of ESRD for Medicare entitlement.

This should be submitted for new chronic or end stage renal disease patients that were never previously diagnosed.

As such, it is due within 45 days of the patient's admission to a certified outpatient dialysis facility.

The second is the reinstatement 2728.

I do know that one of our registrants for today's call asked about re entitlement forms.

So I hope that this addresses the question.

This is required under two different circumstances.

The first is when a patient returns to chronic dialysis after three or more years after receiving a kidney transplant and the other is 1A patient returns to chronic dialysis after one or more years of recovering native kidney function like the initial 2728, the reinstatement form is due within 45 days of the patient's admission to a certified help patient dialysis facility.

The last is a supplemental 2728.

There are two scenarios in which one would be needed and both occur within 90 days of the chronic dialysis start date.

The first circumstance is if a newly diagnosed chronic patient changes from in center hemodialysis to a home modality, either home hemodialysis or peritoneal dialysis. Within the 1st 90 days of his or her chronic dialysis start date.

The second is when a newly diagnosed chronic patient receives a kidney transplant within the 1st 90 days of chronic dialysis.

This supplemental form is due within 45 days of the date the patient changed to that home modality or within 45 days of the kidney transplant date.

The CMS forms, continued.

We have the CMS 2746 form or ESRD death notification.

This is completed when a chronic dialysis patient passes away and it is due within 14 days of a patient's date of death.

The last is the CMS 2744.

This is an annual survey that is required by the CMS Office of Management and Budget.

There are two different forms, the 2744A form, which is completed by dialysis units, captures all of the activity from the previous calendar year.

It includes all patient admissions, discharges, Medicare coverage information, vocational rehabilitation information, school enrollment, number of facility treatments and the number of training days for home patients and also staffing information.

The 2744 B is completed by transplant hospitals.

It captures all transplant activity for the previous calendar year, including the number and type of transplants performed, Medicare status information and waitlist information.

As mentioned earlier, this is completed annually and is usually done during the first quarter of each year and is determined by your local ESRD network.

So some of you may be looking at the next slide and are curious as to why it's being included, but sometimes there is some confusion in regard to the difference between having a saved form and a submitted form in EQRS.

So what is the difference and why is EQRS still asking me for a form when I know I did it?

The first difference is that a form in saved status can still be edited at the facility level. However, the forms and save status are not considered submitted and would be considered late if not submitted by the due date noted in EQRS.

A submitted form cannot be edited at the facility level.

And triple check and double check that the form is correct before submitting it.

I jokingly say that there is no turning back now on later slides, however, I will address how you can actually get changes made to forms once they have been submitted.

So a question that often comes up is can I edit information in EQRS?

This is a yes and no answer.

The rule of thumb is that if you see an edit button on the screen, it means that the particular page or form can still be edited.

So in the next few slides, I'd like to review an important but sometimes overlooked page in EQRS, and that is your facility dashboard.

The dashboard provides an overview of data that needs to be submitted in the system, but Please note that this is dependent on what has been entered into EQRS.

I will explain more about that shortly, but to access your facilities dashboard, click on the word dashboard at the top of your screen.

Here is an example of what you may see on your dashboard.

First, it provides upcoming reminders of clinical closure dates and screening deadlines.

It may also remind you that information may be missing from your facility page in EQRS, as this example shows, there is no backup facility listed at the particular facility. It'll also display any CMS forms that are due or past due accretions, system discharges, screenings, clinical data and transplant waitlist information.

So if you notice on screen for the 2728, there are three headings new due and past due.

So for the new this is going to show any of your new ESRD patients that have been admitted within 10 days of the admission date.

The due gives a list of new ESRD patients that have admission dates between 11 and 45 days, and the past due means that the form would actually be late as it is past the

due date for the 2746.

There are two headings due and past due.

The due reflects the forms that are due within 14 days of the patient's date of death and past due means the form is late as it also is after the form due date.

Please note that I mentioned on a previous slide that this information is dependent on what is entered into EQRS.

For example, if you have a new patient that needs a 2728 and that patient is not listed on the due forms, list, it could be because the patient was not admitted into the system or was not admitted correctly into the system.

In these incidences, I recommend searching for the patient.

If you cannot find the patient in EQRS, then the patient may not be admitted to your facility in the EQRS system.

If you are able to find the patient, please click on the admission tab within the patient's record and verify how the patient is admitted by checking the admission reason and changing it.

If it is incorrect.

For the 2746 form, the form may not come up as requiring a form because the patient's date of death has not been entered into the patients record in EQRS.

So please be cognizant of that and contact your ESRD network or if you work for a large dialysis organization or other batch submitting organization, please contact your internal EQRS helpdesks.

On this slide, I wanted to display what happens if you click on one of the values displayed on the dashboard.

In this example, the dashboard is showing a past due 2728 form.

If you click on the number, it displays the name of the patient with the missing form. Here there is a late form for a patient named night Watch.

From the listing, you can click on the patient's EQRS ID number and the system will take you into the patient's record.

If you choose to click on the term manage form 2728, it will take you to the form 2728 screen within the patient's record where you can enter any missing information on the form, print it, and have it signed by the patient and the doctor, and then return to EQRS to submit the form with the signature date information.

A newer feature in EQRS is a dialysis facility transplant dashboard.

This link is also found on the facility dashboard screen.

Upon clicking the link from that screen, you will see a list of your dialysis patients

with their transplant waitlist status.

You will be able to review this list on screen or you can also export it to a CSV file for easier viewing and sorting.

In the next few slides, I will provide a brief overview of the clinical dashboard reports now available in EQRS.

So in September of 2023, CMS had added a dashboard reports feature in EQRS.

These new dashboards will be added to the reports screen continually.

The dashboard content is specific to the user's access and role in EQRS.

They also have dashboard generated reports available for download in either CSV or Excel formats.

The following are the current dashboards in the reports screen that are currently available for somebody, hemodialysis and peritoneal dialysis clinical dashboards.

The facility influenza vaccination dashboard, the facility new pneumonia vaccination dashboard, the facility vascular access clinical dashboard and the facility clinical depression dashboard.

In order to access these dashboards, you're going to go ahead and click on the reports from the top right hand side of the screen and then select reports dashboards on the drop down menu.

On this screen I'm basically giving you a screenshot of all of the currently available dashboards.

For our regular facility users.

Please note that each of the dashboards.

Provides both a facility aggregate report and a patient details report.

Both provide facility information, including network information, CMS certification number and other pertinent facility identification.

The facility aggregate report provides an overview of the number of patients and number of submitted clinical values and categories.

While the patient details report displays submitted clinical values for each patient in your facility.

The latest clinical dashboards are the vascular access and the clinical depression dashboard, which I will review now.

Here is an example of the vascular access clinical dashboard.

The graphs display submitted clinical values for your facility at this particular facility.

It's showing three out of 109 patients with catheters less than 90 days and each graph shows something different and has an explanation of the content on the

screen, including instructions, data source and technical details.

This screen provides a high level overview of the number of access types in the total number of patients for a specified clinical period.

I chose not to display the patient details report because we have to be careful not to violate any HIPAA regulations, but on your screen when you access it, you'll be able to see all of your patients for a particular period.

Clinical period submission time and be able to see the patients name and the exact that lab values that are on and available that have been entered in for that patient.

On this slide, it's a brief view of the Depression dashboard.

This example is a screenshot.

The picks graphs of submitted data at the facility level and national levels.

This particular facility submitted 68 out of 121 screenings for the submission period of January the 1st through December the 31st.

And again, here is the aggregate facility information, which is basically summarizing everything previously displayed on the graphs.

Now we would like to provide some direction in regard to who you would contact with questions about EQRS and QIP and how to contact them.

Three important sources of information and places to contact with questions are the quality net or Qnet helpdesk your ESRD network, and your corporate entities.

You should contact the quality net help desk if you have issues with HARP account management system errors in EQRS trouble logging in and quick questions and for records merges you should contact your ESRD network if you need to edit A submitted 2728 or 2746 form, which I noted when we discussed a difference between saved and submitted forms.

If you have questions about admit and discharge reasons and processes, trouble admitting a patient, for example, you receive a possible duplicate message when manually admitting a patient into EQRS records merges, updating a failed transplant status to non functioning, and updating a patient page after a patient has been discharged.

Please note that I've listed records merges under the Help desk and the ESRD network columns, and I did so because each network handles this request differently.

If you work for a large dialysis organization or other batch submitting organization, you should contact them if you receive batch submission error reports.

If there's missing data in EQRS or if patients are missing in EQRS after more than seven days of starting at your facility.

To contact the quality net helped desk, you can email them, open an online ticket or call them using the information noted on this screen to contact your ESRD network if you don't already have their contact information.

You can also utilize this link to open a regional map which will depict each ESRD network for each state, and provide that networks contact information.

Some things to remember when accessing EQRS you must use the Chrome browser as the system will not work properly in Microsoft Edge.

Also, when contacting the quality net helpdesk or your ESRD network by email or on any online ticket submission portal, please do not include personally identifiable information, including but not limited to, a patient's name, date of birth, Social Security number, or Medicare beneficiary identifier.

The only acceptable patient specific identifier is the EQRS ID number, which is automatically assigned to each patient upon admission to EQRS.

This can be found in several areas in the system.

1st on the patient search screen results and also when each patient's record at the top of the screen in parentheses next to the patients name as displayed here.

And thank you so much for your attention.

I will now pass the presentation back to Alissa.

AK **Alissa Kapke** 27:45

Thank you, Tricia.

So now I will cover some of the upcoming new features, events and deadlines.

So as many of you likely know, we are currently in the midst of the payment year 2025 ESRD QIP Preview Period.

And if you have not done so already, please log in to the ESRD QIP application and review your reports.

And if you do have any issues accessing your reports, we encourage you to contact the CCSQ help desk and they can help you out with getting access.

So as you can see on this timeline, the QIP Preview period will end on August 15th and upon completion, CMS will be responding, closing out all inquiries and then finalizing scores.

CMS aims to closeout all inquiries by the end of September and then we will enter into the final period where you will be able to view final performance for reports and download your performance Score certificate and that will occur in late fall.

Then as a reminder, 15 days after the start of the final period, facilities are required to

download, print and post the Performance Score certificate.

So be on the lookout this fall for communications regarding when the final reports will be available in EQRS.

Then we do have some new updates to the CMS 2728 and 2746 forms these will be available in EQRS in October of 2024.

We do have some links here where you can review the new forms and we will be addressing the changes in an upcoming webinar.

And of course, we have our EQRS clinical data submission deadlines.

We are nearing the closure of the May 2024 deadline, which is July 31st, which is tomorrow, so Please ensure that you get all of your data submitted because once that deadline ends, you cannot go back and enter your clinical data for May.

We also have the 2024 clinical depression screening and follow up assessments.

We're collecting those data now, but you have until the closure of the December clinical month, which would be March 3rd to enter those data and that will be the same for the ICH CAHPS attestation.

Those are due on March 3rd as well, and then the new facility commitment to HealthEquity attestation, which will be introduced to the ESRD QIP for next payment year, 2026.

You can submit that information now, but you must have it submitted by March 3rd 2025.

Then we have the NHSN reporting deadlines.

We are currently in the second quarter of reporting, so those data need to be submitted by September 30th, 2024.

So Please ensure that you're getting your April through June data in by that deadline. Once that deadline has passed, we cannot use data submitted after that time period for the QIP calculations.

For additional information, we have some links here.

You can go to mycrownweb.org and all of those deadlines are posted there and stop watch that Tricia showed earlier is on that website as well.

And then we do have two other helpful resources.

The EQRS data management guidelines and the ESRD QIP, successful Reporting guide, which are also available on the website.

So at this time, I think we can take some questions and answers.

I've been monitoring.

I haven't seen too many, but we also wanted to remind you of if you have questions,

maybe you wanted to follow up on something Trisha presented or you're having trouble entering data.

You can use these different options here.

You can email.

You can submit your ticket through service now or you can use this 1866 number to call the Help desk.

I did see one question in the chat that I wanted to see if Tricia you were able to answer.

"Why does the influenza vaccination dashboard update even after the flu season has passed?"

Time our rate decreases when new patients who are admitted after the flu season season.

I don't know if you're able to answer that, Tricia, but I thought I'd pass it over to you.

TP **Tricia Phulchand** 32:46

Yeah, I am aware that based on the information that we have each year, once it hits to a certain date, it's going to automatically update.

And I know that it does go down initially, but it's not something you should worry about because once the official flu season starts and you begin your vaccinations, your rates are going to increase.

OK.

And someone just posted another question, but I saw pop up about PD Alissa, are you able to read that for me?

Because I'm unable to see it.

AK **Alissa Kapke** 33:19

ilt's "I am new to PD,

Can you please go over the supplemental 2728 and when it is due?"

TP **Tricia Phulchand** 33:30

Sure, that's not a problem on the slide that I provided and I know that that was a lot of information.

If a patient is brand new to dialysis and they start on in center hemodialysis, if they change to a home modality in less than 90 days after starting in center hemodialysis you would be required to complete a supplemental 2728 form.

The great thing about EQRS is that if they already have the initial 2728 form completed with incenter HD, when you go to add the new modality and this supplemental form is automatically then triggered in the system when you go to that form, you really only need to fill in the training information in regard to the type of training when it started, when the training will stop, and then have the signatures done again and submit the form.

So it is required if a patient goes to a home modality within 90 days of starting in center hemodialysis for the first time ever.

So I hope that answers the question for you.

AK

Alissa Kapke 34:48

Thanks Tricia.

I did want to cover one question that we received that during the registration that Tricia didn't cover and that is the question about submitting data for the new screening for social drivers of health measure.

So this is a measure that will be included.

We have two new measures actually that will be included in the ESRD QIP for payment year 2027.

These are the social drivers of health reporting measures, and that means that data collection for these measures begins January of 2025.

So once we hit January, you will be able to submit your data in EQRS so and also just be on the lookout because we will have training materials and we also cover this topic in a webinar when we get closer to January of 2025.

OK, it looks like another question.

TP

Tricia Phulchand 35:57

Umm, so the question is "if a patient expires after becoming chronic from a status of AKI, the patient is not able to sign the 2728 form what will the facility do?"

How will the facilities submit the form without a date for the patient signature on the current version of the 2728, this form can still be submitted.

The only time it can be submitted, usually without a patient signature, is if the patient did pass away, but the doctor still needs to sign the form.

What I always advise doing in cases like this is to please make sure that you put in the date of death into the patient's record and complete the 2746 or death

notification and complete the 2728.

Have the physician sign it, and when you go to submit, although you will not be putting in a signature date for the patient, the system will allow that form to be submitted because the system does recognize that the patient has now expired based on the submitted 2746 and the date of death in the system.

AK **Alissa Kapke** 37:35

Yeah, there was a question about the clinical data entered for dashboards.

I think it's related probably to the vascular access dashboard dashboard.

When you have an access and CVC does it chart as such?

Or is it the main access?

So I wonder if the question is it's and go ahead.

TP **Tricia Phulchand** 38:17

It literally the dashboard will display whatever you have entered in for that patient.

So if the patient however, you've entered in the patients that the access is being listed as, so if they're using an AVF in combination with a catheter and so forth, then you would, that's exactly what would be displayed on the dashboard.

So if anything, I would go back and double check to see what was entered in under the Vascular Access section and that will be what is displayed for vascular access.

So I hope that answers the question.

If I'm understanding it correctly, if not, please reach out.

And we have a couple other questions we have related to the last question.

If a patient moved out of the country and was not able to sign the 2728 form, how should we proceed?

As you know, as I mentioned and Alyssa mentioned, there is going to be a newer version of the 2728 coming out within the next couple of months.

Currently, if a patient leaves the country without signing the form, there is no way for you to enter that form into the system.

We do advise, however, that you still get the doctor to sign the form and put in the doctor's signature date in the system and save the form, but it will not be able to be submitted at this time.

And we have a question.

How many days can a user submit for a 2728/2746 form be edited with that the

facility getting penalized? OK in in regard to this, the only way the facility would not be penalized for making a change to a submitted form is if it is still within the form due date.

So for example, if you had a patient that started dialysis with you and was admitted to your facility on July the 1st and it is only July the 30th, we can still make changes to that form because technically that form would not be due until roughly August 14th.

So we could make as many change.

I mean, we don't want to make as many changes.

We would hope that most of the information is correct, but we could still make changes to that form and you would not be penalized because the submission date would not change for you in regard to a date being after the due date for the 2746, the same thing, but it's a shorter amount of time.

It would have to be within 14 days, so if the patient died on July the first, then technically you'd have until roughly July the 14th in order to make any changes to that form once it's been submitted.

AK **Alissa Kapke** 41:07

Tricia, there's another question here.

TP **Tricia Phulchand** 41:14

Yes.

If a patient was receiving home hemodialysis, I'm guessing there and was hospitalized and then transferred for short term rehab.

Why would the rehab dialysis admit the patient requiring that we discharge the patient instead of treating them as temporary as it will likely be 30 days or less, our system is now showing the patient as a system discharge?

So, this is it's not a loaded question, but it can be a little confusing technically in EQRS and part of the data management guidelines requires that each dialysis facility try to have the patient admitted in their system within five days.

OK, so a lot of times the rehab centers will go ahead and admit that patient sooner without waiting for that 30 day period, so that they wouldn't be penalized by folks like me at the ESRD network and say, hey, why didn't you admit this patient?

So that's why they're doing it.

But what I can say is that what should happen is if the patient does not end up

staying for 30 days, it is not an issue to contact your ESRD network to have that admission removed.

And then your system discharge removed as well.

But I know that they're doing it so that they don't get penalized for not having patients admitted within five days.

So I hope that answers your question,

AK **Alissa Kapke** 43:02

I am seeing some additional questions in the Q&A about more about the 2728.

AK **Alissa Kapke** 43:16

if a patient was at another clinic then transfers to you, but a 2728 was not done at the original clinic, what do we do?

And the patient has now regained function.

TP **Tricia Phulchand** 43:30

Well, these are these are usually a little bit.

These are one of those one off questions.

So if the patient did not recover function, what should happen is that that other primary unit should be responsible for completing the 2728 form and then they should complete it and more than likely have to mail it to you in some way shape or form so that you can have the patient have the sign that form for them and then return it to that unit.

If the patient recovered kidney function, that's a little tougher.

It would require more than likely contact to that to the patient to see if they would sign off on that form, because if they recover, if they indeed were chronic and recovered kidney function, the system is still going to require that form to be submitted.

The only time they would not require the form to be submitted is if the patient was actually in acute renal failure.

So I know that that's a little bit more difficult, but it would require literally probably trying to mail the form to the patient for signature and hope that they would return the form back to you.

" is the EQRS system currently under maintenance?

We're unable to edit vaccinations summary this morning"

Not that I am aware of.

What I would do, and what I would try doing because sometimes and this happens to me to try to go into the settings in your Chrome browser and delete all of your browsing history and then close out of your browser, reopen it and go back into EQRS.

If you're still having an issue, I would definitely contact the help desk.

Umm, using the contact information that is on the screen.

AK **Alissa Kapke** 45:31

There is another in the Q&A regarding the requirements for supplemental.

AK **Alissa Kapke** 45:43

No, sorry.

I think the requirements for supplemental has changed.

I got this response from which is "a supplemental is not required if the patient already has Medicare coverage due to age greater than 65 or due to another medical condition"

TP **Tricia Phulchand** 46:02

The issue with that I mean, although that information is correct is that the system is still going to require the form because the system is not has not been code in such a way to not require that that form be submitted.

But based on the current system requirements, this item will still ask you to complete that 2728 supplemental form.

And we have another question back in regard to the rehab.

Should we discharge that patient from our facility or will the network remove the admission from the rehab since it was less than 30 days?

Mostly received the we received the admission from the rehab and discharge a patient and then readmit once they returned from rehab.

If the patient did not make it 30 days and has returned to your facility, I would definitely just reach out to your ESRD network to have them assist you in having that admission removed and to remove your system discharge.

We're actually after that admission is removed.

You can remove that system discharge on your own, but it's not something that your ESRD network would be aware of, and you would have to contact them directly in regard to that in order to assist you.

AK

Alissa Kapke 47:30

OK, this is great.

We appreciate all the questions.

I don't.

I'm not seeing any additional scanning through here.

And if you think of something after the presentation, please go ahead and use these different options here to send your question over and be sure to send you an answer.

We'll go to the dates here.

I want to just talk quickly about some of the upcoming QIP and EQRS events are next presentation will be on August 13th and we'll go over the Proposed Rule that is for calendar year 2025.

we'll be talking about all the changes that are currently out in the rule and we're in the comment period now.

So if you do want to submit a comment, please do so.

We will cover how to submit those comments in that webinar.

Then we have on August 27th another monthly stakeholder meeting and will likely cover some of the same material here and any new things that have come up in EQRS.

So if you have questions you you're welcome to bring them to the next stakeholder meeting and we can cover them there or of course send them through the ServiceNow or the email address we provided.

And we do have another stakeholder meeting in September.

We have not yet set the date and then we'll have a quarterly town hall meeting as well and that'll occur sometime in mid to late September.

And we will be providing recordings and slides from this event as well as all other events we host under the Events tab on mycrownweb.org.

So today's slides will be available, we just have to get them posted and so look for those soon.

And then as I was mentioning, there is a link here if you want to give us some post event evaluation information feedback, we would love to hear from you.

So please click the link and you can provide your feedback.

And with that.

That ends our presentation.

And we appreciate everyone's attendance and all the great questions and we look forward to seeing you at future presentations.

Thank you everyone.