CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

# 2023 CMS-2744 Annual Survey Training Aid

## *2023 CMS-2744 Annual Survey Training Aid*

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

# Training Topics

- CMS-2744 Annual Survey Overview
- Generating and Saving a CMS-2744
- Viewing and Downloading CMS-2744 Dialysis Reports
- Editing an Existing CMS-2744
- Submitting a CMS-2744
- Viewing and Downloading the Transplant CMS-2744 Report
- Submitting a CMS-2744B for a Transplant Center
- Troubleshooting Warning and Error Messages

# CMS-2744 Annual Survey Overview

# CMS-2744 Annual ESRD Facility Survey

***Please note*:**

Facilities must follow the guidance provided by their organization, prior to initiating the CMS-2744 survey in the ESRD Quality Reporting System (EQRS), as some organizations complete their surveys at the corporate level. Additionally, facilities are required to submit the completed survey by the deadline established by their ESRD Network.

Use this link to find the contact information for your local ESRD Network: https://esrdncc.org/en/ESRD-network-map/.

# What is the CMS-2744 Annual ESRD Facility Survey?

The Annual ESRD Facility Survey is:

- A CMS Office of Management and Budget reporting requirement for all ESRD and transplant facilities to provide information to CMS
- Designed to collect ESRD facility (2744A) and Transplant Center (2744B) information regarding:
  - Patient Census
  - Treatment Records
  - Staffing Records

# What is the CMS-2744 Annual ESRD Facility Survey? (Continued)

- The information is used to assess and evaluate the local, regional and national levels of medical and social impact of ESRD care and is used extensively by researchers and suppliers of services for trend analysis.*

*Federal Register Vol. 75, No. 48 March 12, 2010

# What is Included on a CMS-2744?

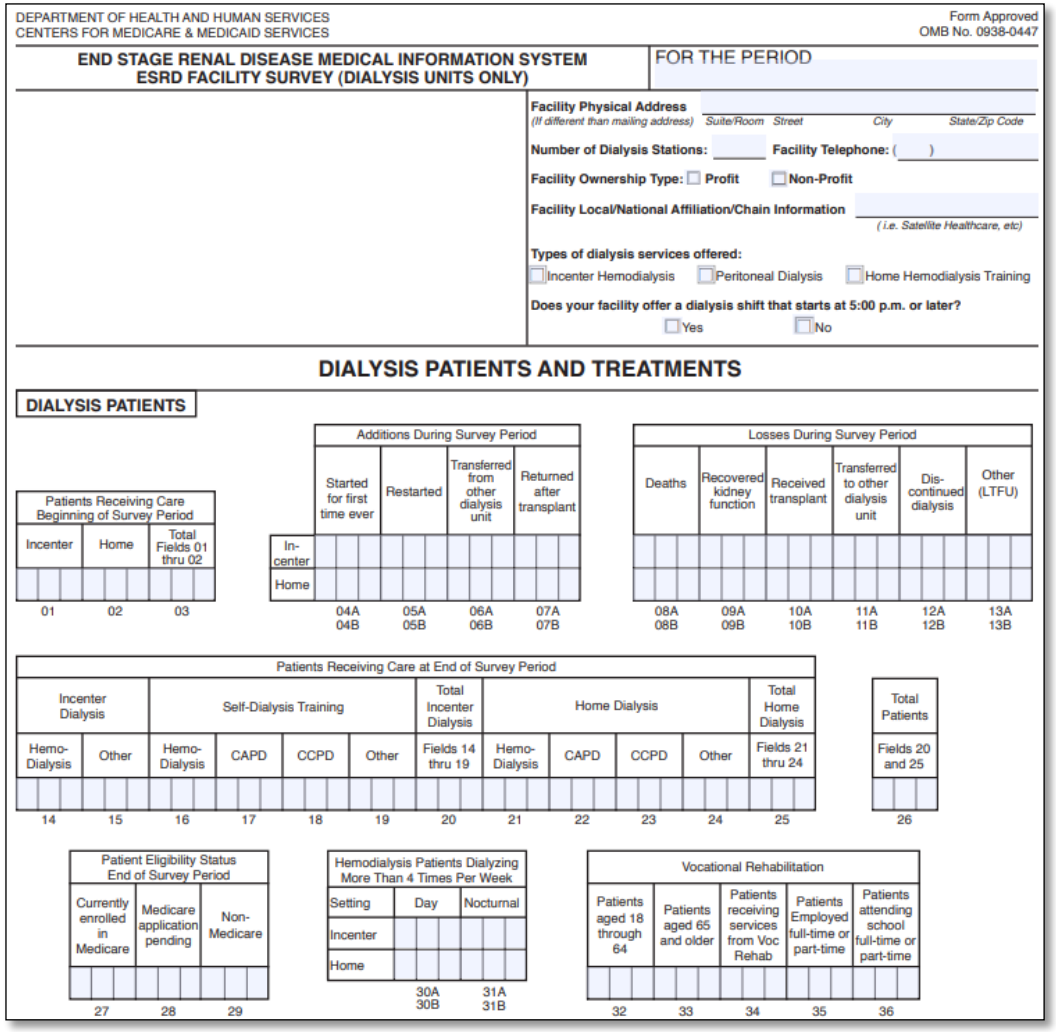
## 2744A: Dialysis Facilities

- Facility Information
- Beginning Patient Count
- Additions
- Losses
- Ending Patient Count
- Medicare Status
- Number of Treatments In-Center and Other
- Vocational Rehabilitation Information
- Staffing

## 2744B: Transplant Facilities

- Number of Transplant Patients
- Medicare Status
- Number of Transplants
- Transplant Wait List Count

# Example of CMS-2744A



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

Form Approved
OMB No. 0938-0447

**END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM**
**ESRD FACILITY SURVEY (DIALYSIS UNITS ONLY)**

FOR THE PERIOD

**Facility Physical Address**
*(If different than mailing address)* Suite/Room Street City State/Zip Code

**Number of Dialysis Stations:** **Facility Telephone:** ( )

**Facility Ownership Type:** ☐ **Profit** ☐ **Non-Profit**

**Facility Local/National Affiliation/Chain Information**
*( i.e. Satellite Healthcare, etc)*

**Types of dialysis services offered:**
☐ Incenter Hemodialysis ☐ Peritoneal Dialysis ☐ Home Hemodialysis Training

**Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?**
☐ Yes ☐ No

## DIALYSIS PATIENTS AND TREATMENTS

**DIALYSIS PATIENTS**

| Patients Receiving Care Beginning of Survey Period | | |
|---|---|---|
| Incenter | Home | Total Fields 01 thru 02 |
| 01 | 02 | 03 |

| Additions During Survey Period | | | | |
|---|---|---|---|---|
| | Started for first time ever | Restarted | Transferred from other dialysis unit | Returned after transplant |
| In-center | 04A | 05A | 06A | 07A |
| Home | 04B | 05B | 06B | 07B |

| Losses During Survey Period | | | | | | |
|---|---|---|---|---|---|---|
| | Deaths | Recovered kidney function | Received transplant | Transferred to other dialysis unit | Dis-continued dialysis | Other (LTFU) |
| | 08A | 09A | 10A | 11A | 12A | 13A |
| | 08B | 09B | 10B | 11B | 12B | 13B |

| Patients Receiving Care at End of Survey Period | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incenter Dialysis | | Self-Dialysis Training | | | | Total Incenter Dialysis | Home Dialysis | | | | Total Home Dialysis | Total Patients |
| Hemo-Dialysis | Other | Hemo-Dialysis | CAPD | CCPD | Other | Fields 14 thru 19 | Hemo-Dialysis | CAPD | CCPD | Other | Fields 21 thru 24 | Fields 20 and 25 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |

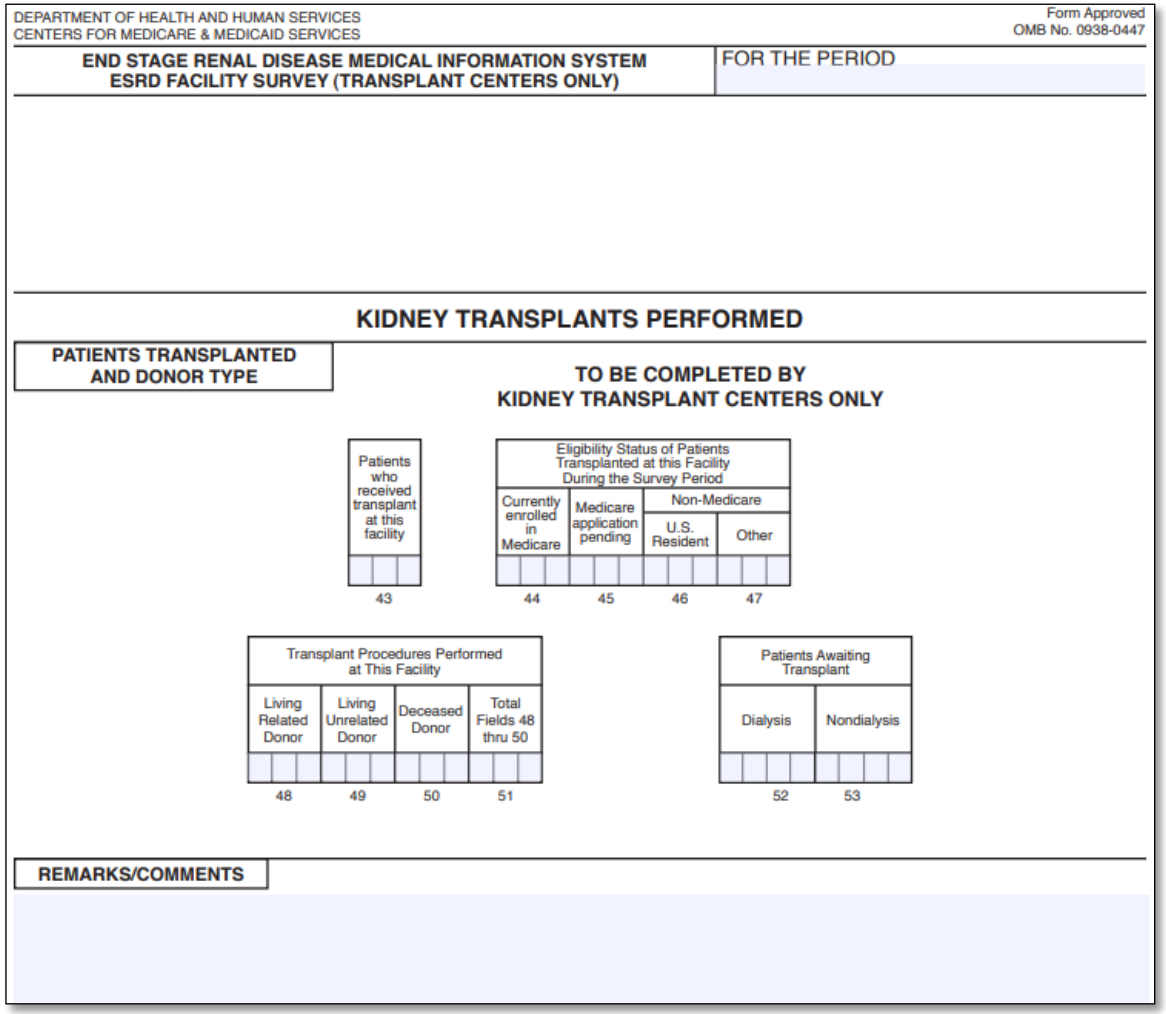
| Patient Eligibility Status End of Survey Period | | |
|---|---|---|
| Currently enrolled in Medicare | Medicare application pending | Non-Medicare |
| 27 | 28 | 29 |

| Hemodialysis Patients Dialyzing More Than 4 Times Per Week | | |
|---|---|---|
| Setting | Day | Nocturnal |
| Incenter | 30A | 31A |
| Home | 30B | 31B |

| Vocational Rehabilitation | | | | |
|---|---|---|---|---|
| Patients aged 18 through 64 | Patients aged 65 and older | Patients receiving services from Voc Rehab | Patients Employed full-time or part-time | Patients attending school full-time or part-time |
| 32 | 33 | 34 | 35 | 36 |

**CMS-2744A Instructions:**
https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2744A.pdf

# Example of CMS-2744B



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

Form Approved
OMB No. 0938-0447

**END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM**
**ESRD FACILITY SURVEY (TRANSPLANT CENTERS ONLY)**

FOR THE PERIOD

**KIDNEY TRANSPLANTS PERFORMED**

**PATIENTS TRANSPLANTED AND DONOR TYPE**

**TO BE COMPLETED BY KIDNEY TRANSPLANT CENTERS ONLY**

| Patients who received transplant at this facility | Eligibility Status of Patients Transplanted at this Facility During the Survey Period | | | |
|---|---|---|---|---|
| | Currently enrolled in Medicare | Medicare application pending | Non-Medicare | |
| | | | U.S. Resident | Other |
| 43 | 44 | 45 | 46 | 47 |

| Transplant Procedures Performed at This Facility | | | |
|---|---|---|---|
| Living Related Donor | Living Unrelated Donor | Deceased Donor | Total Fields 48 thru 50 |
| 48 | 49 | 50 | 51 |

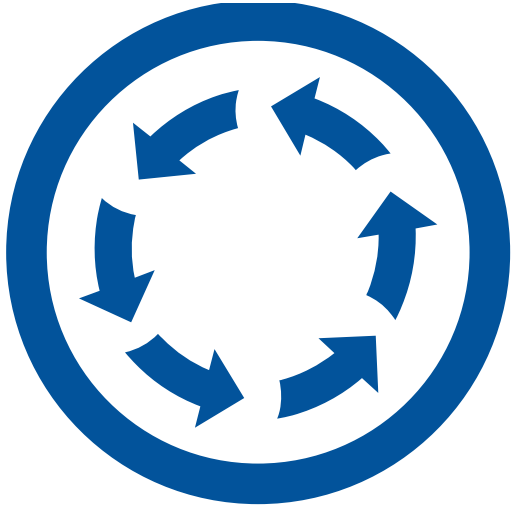
| Patients Awaiting Transplant | |
|---|---|
| Dialysis | Nondialysis |
| 52 | 53 |

**REMARKS/COMMENTS**

**CMS-2744B Instructions:**
https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2744b.pdf

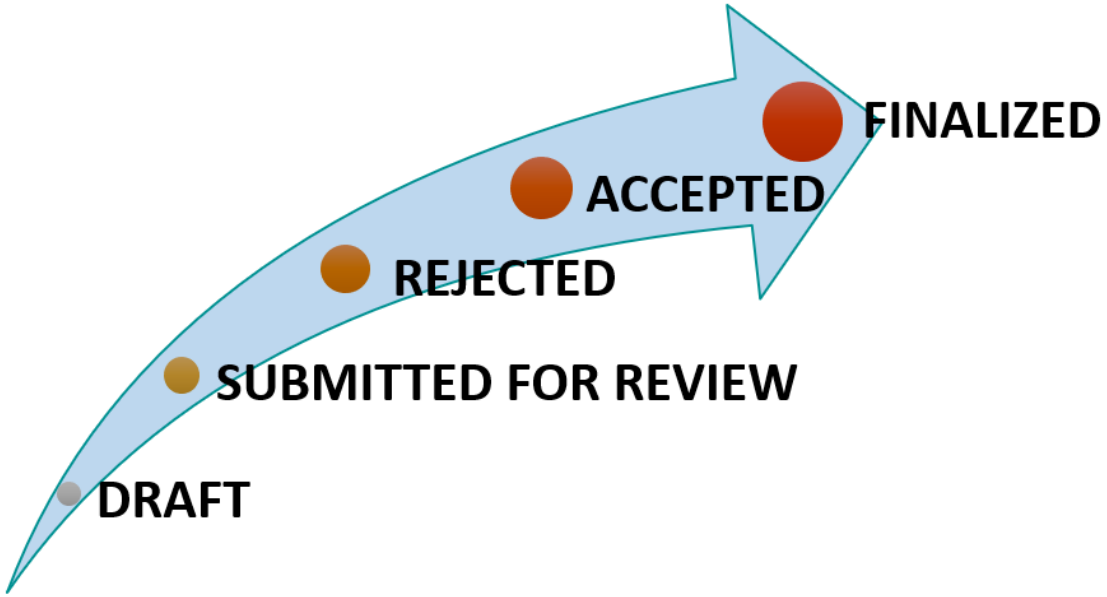
# CMS-2744 in EQRS

- EQRS pulls data from the following screens to pre-populate CMS-2744 fields:
  - Facility Details
  - Patient (Demographics)
  - Admissions
  - Treatments



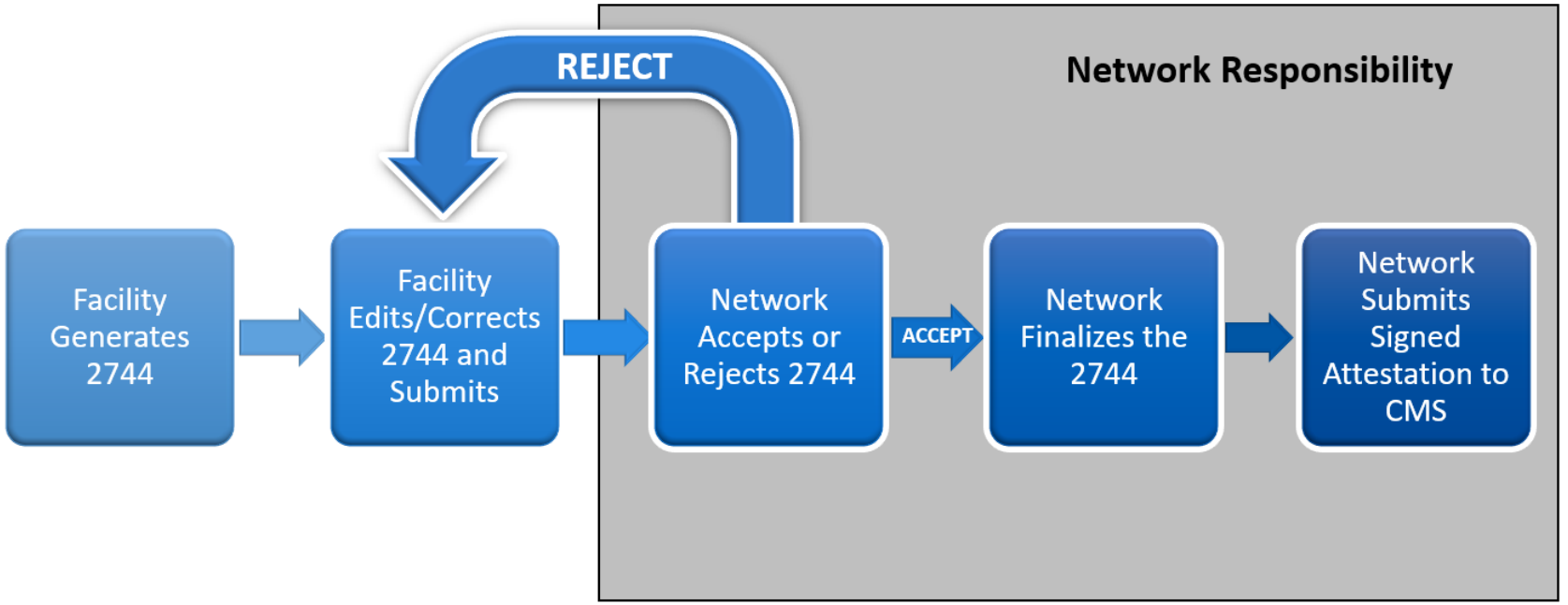
# Getting Started

- Facilities initiate the CMS-2744 completion process in EQRS, by generating a form and submitting it for acceptance by the Network.
- The CMS-2744 form goes through various stages before it is complete. Facilities must monitor their forms' status.
- The form is complete once it is in a "FINALIZED" status.



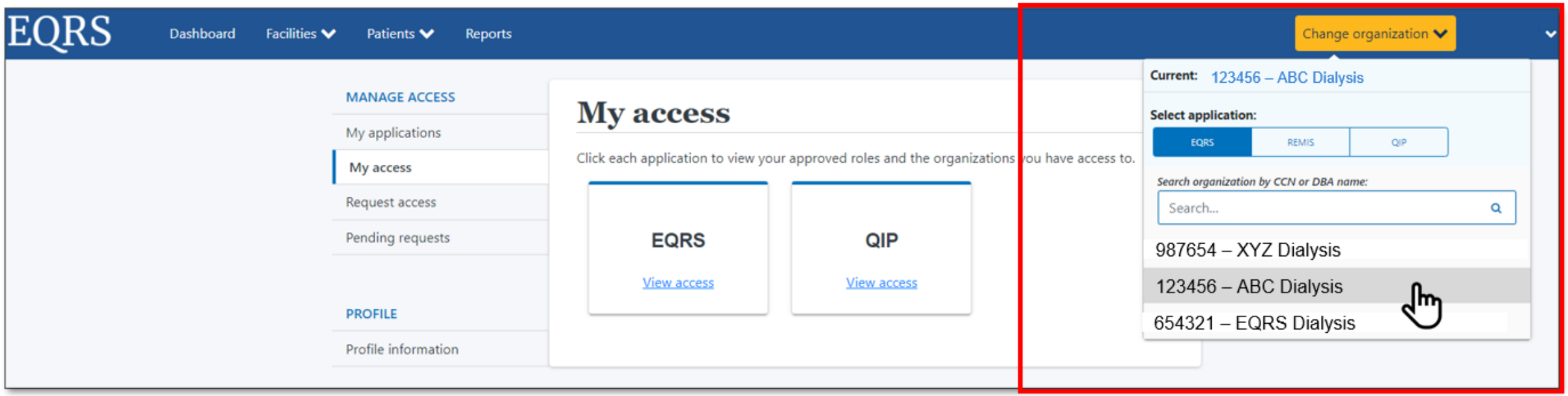
# CMS-2744 Flow

- ESRD Networks have local submission deadlines to help ensure that CMS-2744 forms are “FINALIZED.”
- The facility generates and submits the CMS-2744 form to the Network for review. The Network accepts or rejects the CMS-2744 and submits it to CMS.

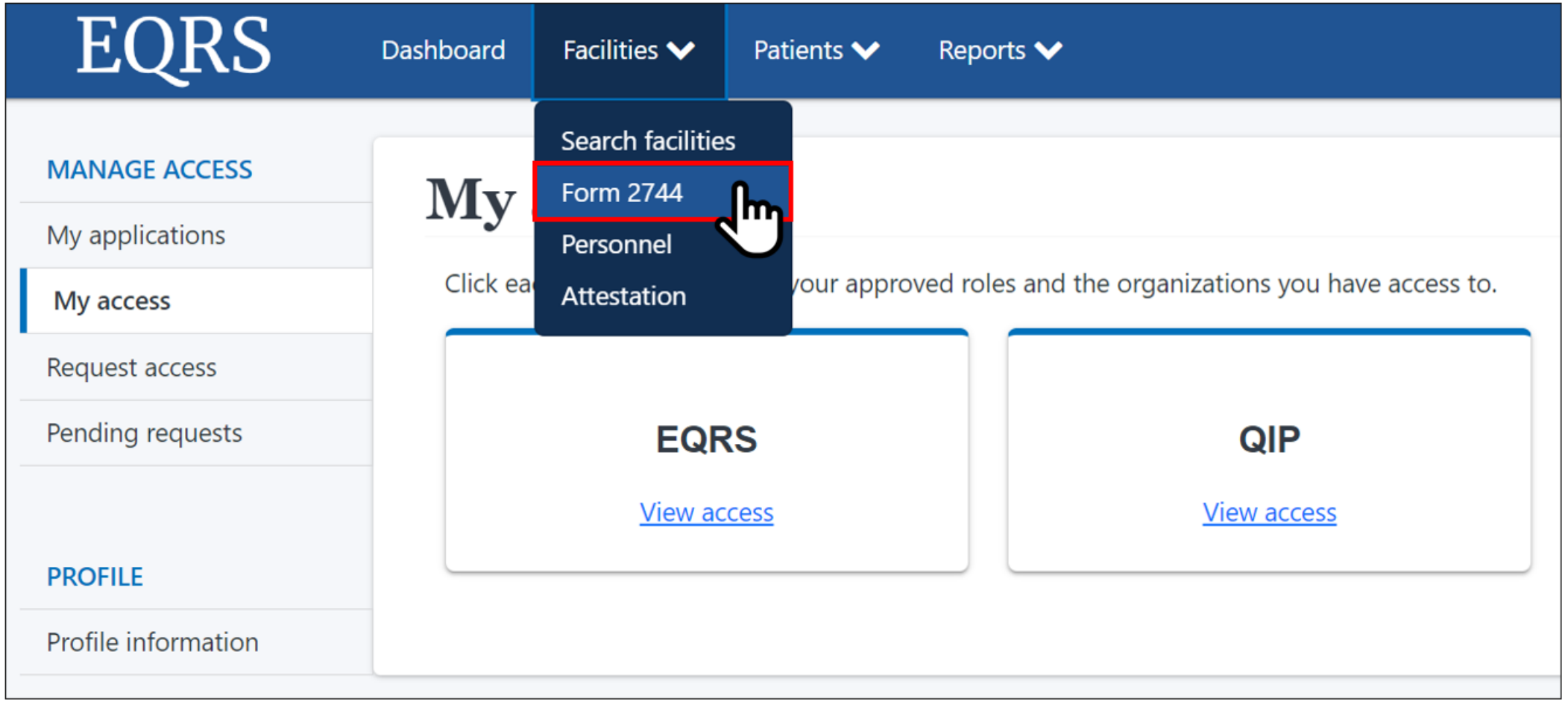


# Generating and Saving a CMS-2744

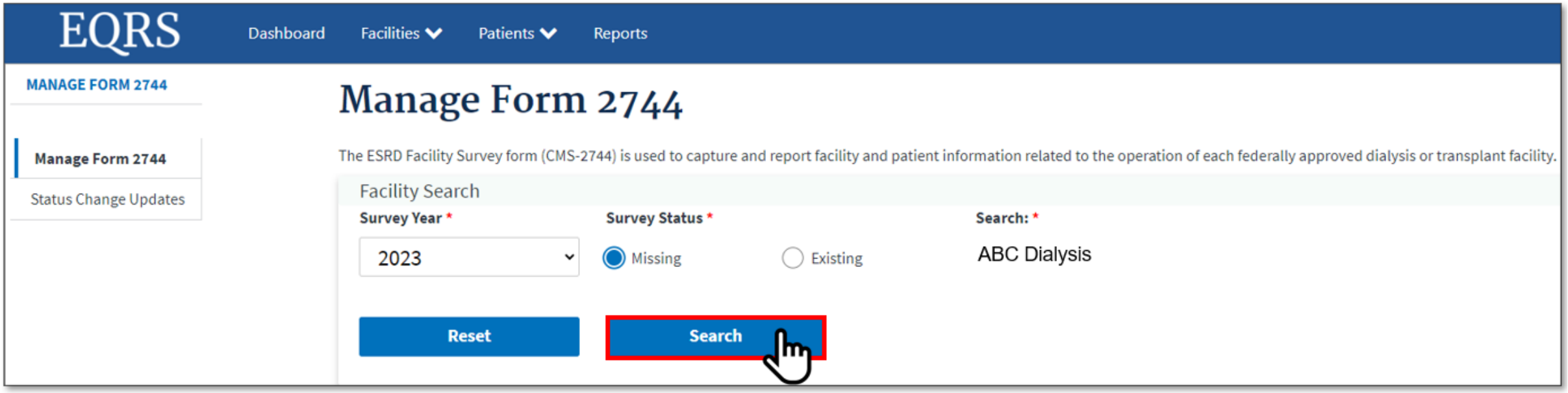
# Select the Facility by Clicking Change Organization



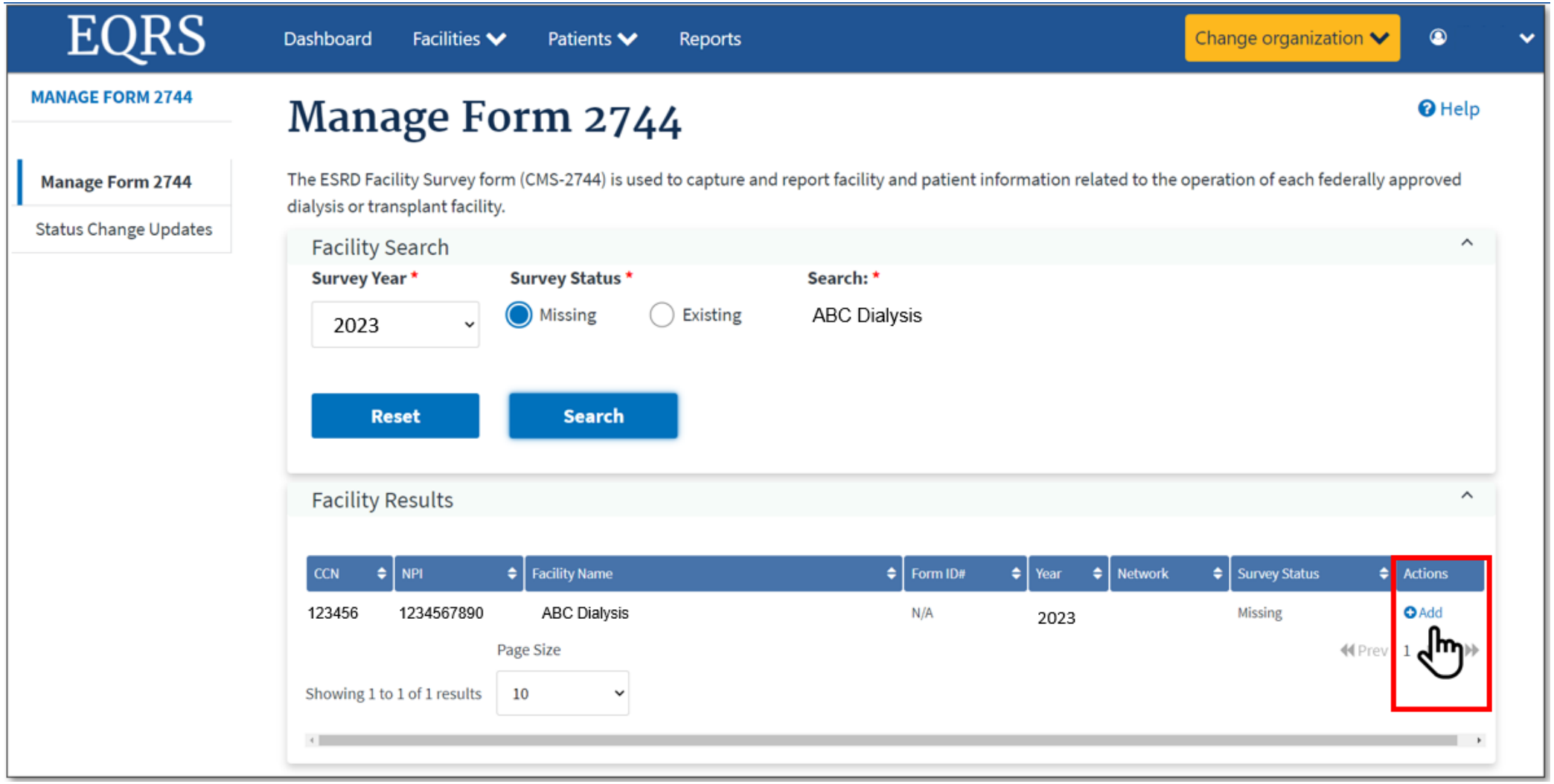
# Click the Form 2744 Link from the Facilities Tab



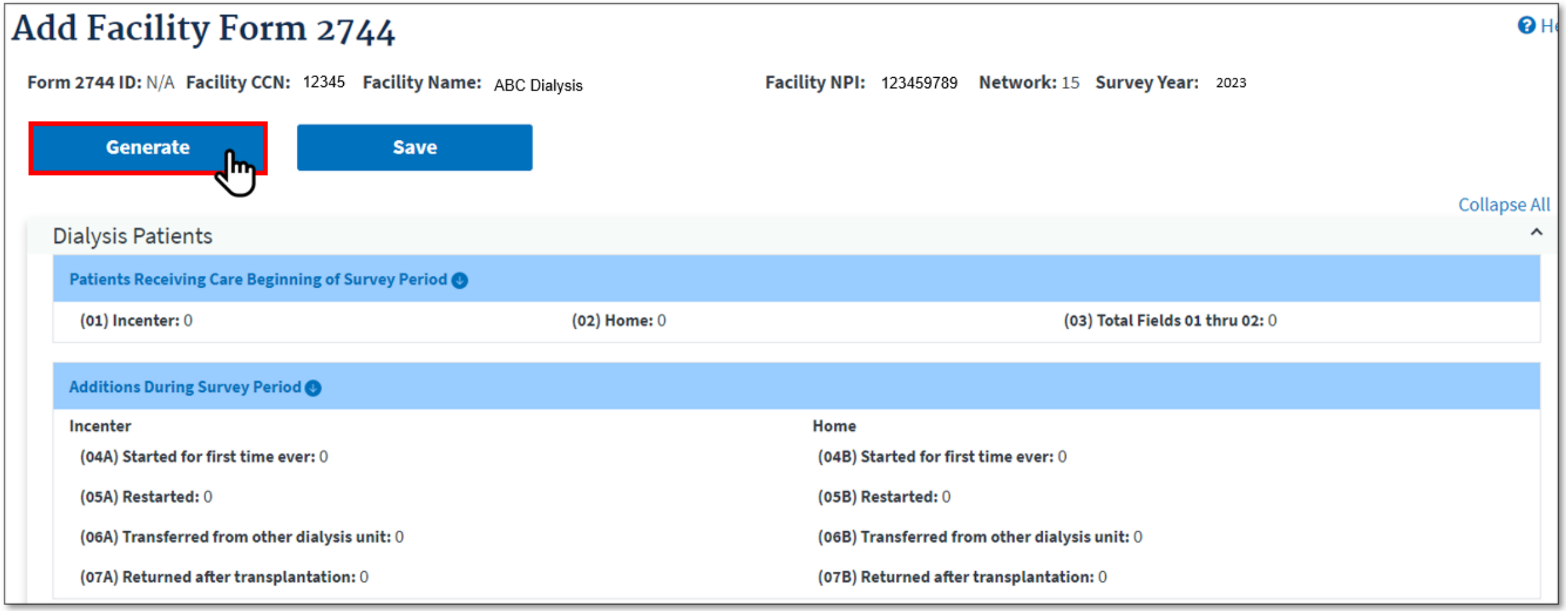
# Click Search for Missing Survey Status



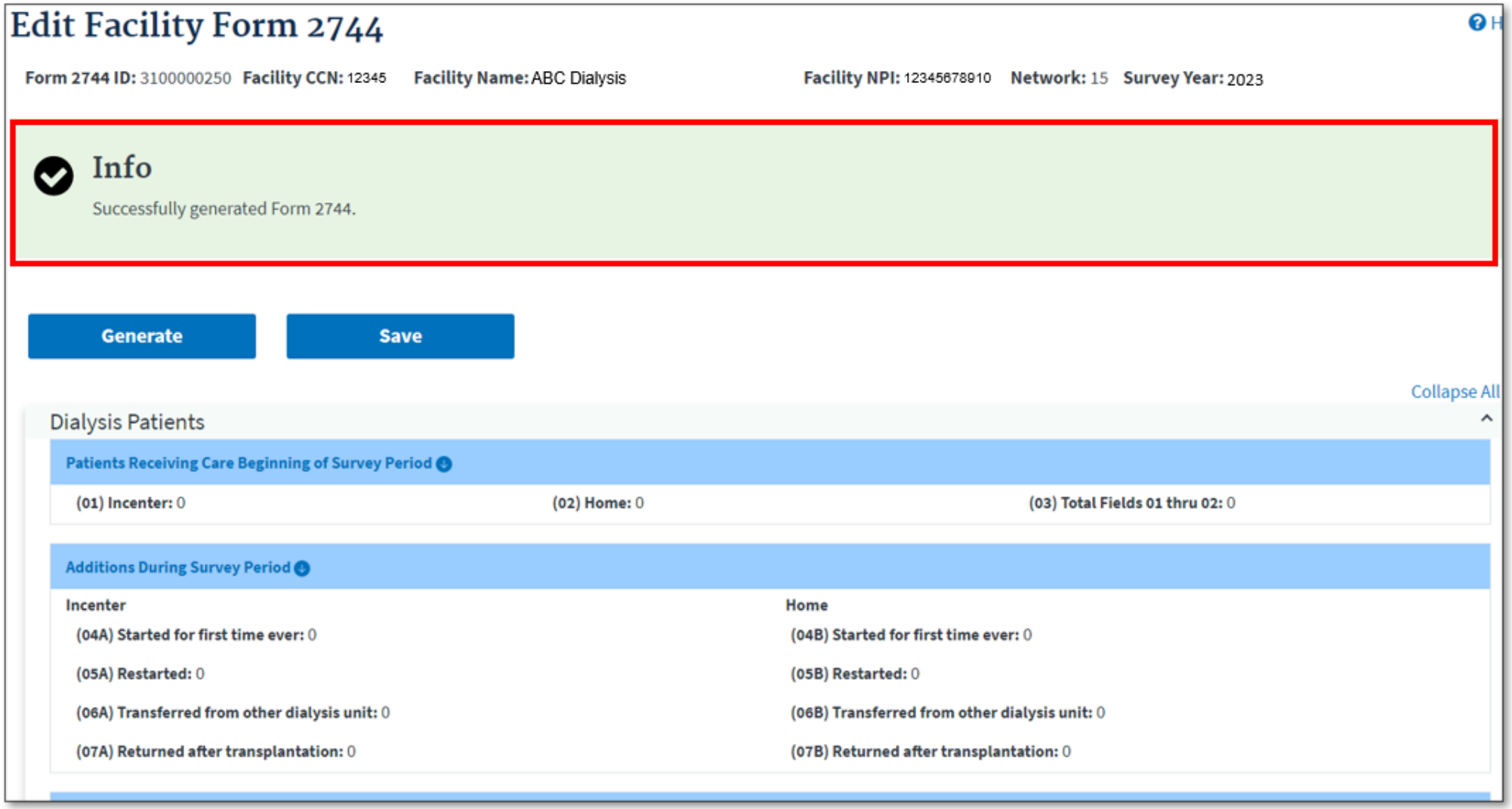
# Click Add for Missing Survey



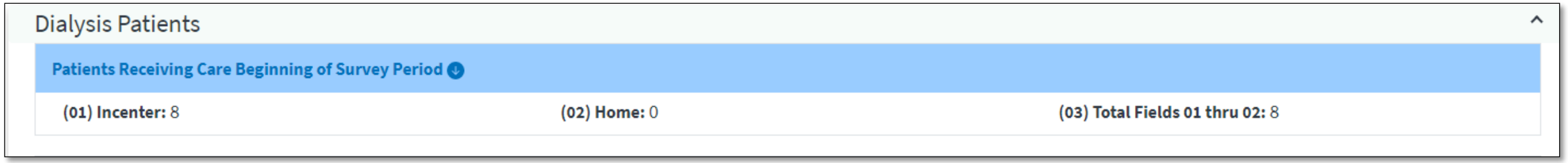
# Click Generate to Add Facility Form 2744



# Successfully Generated Form 2744



# Review Patients Receiving Care Beginning of Survey Period Section



# Review Additions During Survey Period Section

**Additions During Survey Period**

| Incenter | Home |
| --- | --- |
| **(04A) Started for first time ever:** 3 | **(04B) Started for first time ever:** 0 |
| **(05A) Restarted:** 0 | **(05B) Restarted:** 0 |
| **(06A) Transferred from other dialysis unit:** 0 | **(06B) Transferred from other dialysis unit:** 0 |
| **(07A) Returned after transplantation:** 0 | **(07B) Returned after transplantation:** 0 |

# Review Losses During Survey Period Section

**Losses During Survey Period**

| Incenter | Home |
| --- | --- |
| **(08A) Deaths:** 2 | **(08B) Deaths:** 0 |
| **(09A) Recovered kidney function:** 0 | **(09B) Recovered kidney function:** 0 |
| **(10A) Received transplant:** 0 | **(10B) Received transplant:** 0 |
| **(11A) Transferred to other dialysis unit:** 1 | **(11B) Transferred to other dialysis unit:** 0 |
| **(12A) Discontinued dialysis:** 0 | **(12B) Discontinued dialysis:** 0 |
| **(13A) Other (LTFU):** 0 | **(13B) Other (LTFU):** 0 |

# Review Patients Receiving Care at End of Survey Period Section

| Patients Receiving Care at End of Survey Period | | |
|---|---|---|
| **Incenter Dialysis**<br>**(14) Hemodialysis:** 12<br>**(15) Other:** 4 | **Self-Dialysis Training**<br>**(16) Hemodialysis:** 0<br>**(17) CAPD:** 0<br>**(18) CCPD:** 0<br>**(19) Other:** 0 | **Total Incenter Dialysis**<br>**(20) Fields 14 thru 19:** 16 |
| **Home Dialysis**<br>**(21) Hemodialysis:** 0<br>**(22) CAPD:** 2<br>**(23) CCPD:** 0<br>**(24) Other:** 1 | | **Total Home Dialysis**<br>**(25) Fields 21 thru 24:** 3 |
| | | **Total Patients**<br>**(26) Fields 20 and 25:** 19 |

# Review Patient Eligibility Status End of Survey Period Section

| Patient Eligibility Status End of Survey Period | |
|---|---|
| **(27) Currently enrolled in Medicare:** 7 | **(28) Medicare application pending:** 6 |
| **(29) Non-Medicare:** 3 | |

# Review Hemodialysis Patients Dialyzing More Than 4 Times Per Week Section

| Hemodialysis Patients Dialyzing More Than 4 Times Per Week | |
|---|---|
| **(30A) Setting Incenter Day:** 0 | **(30B) Setting Home Day:** 0 |
| **(31A) Setting Incenter Nocturnal:** 0 | **(31B) Setting Home Nocturnal:** 0 |

# Review Vocational Rehabilitation Section

**Vocational Rehabilitation**

**(32) Patients aged 18 through 64:** 5

**(33) Patients aged 65 and older:** 13

**(34) Patients receiving services from Voc Rehab:** 0

**(35) Patients Employed full-time or part-time:** 4

**(36) Patients attending school full-time or part-time:** 0

# Enter Incenter Dialysis Treatment

**NOTE:** The following section (fields 37 and 38) should reflect all outpatient treatments given to ESRD patients including self-care training treatments and those provided to transients during the survey year. Please be certain to report treatments to correspond with patients counted at the end of the survey period in a particular modality. If a situation occurs where a patient is reported at the end of the survey period but, no treatments were provided, please explain why no treatments were provided in the Remarks section of the survey form. **DO NOT INCLUDE ACUTE TREATMENTS.**

**Hemodialysis**
**Field 37: Outpatient Treatments.** Enter the number of staff-assisted treatments, training hemodialysis treatments and treatments performed by self-dialyzing patients, in-center, during the survey period.

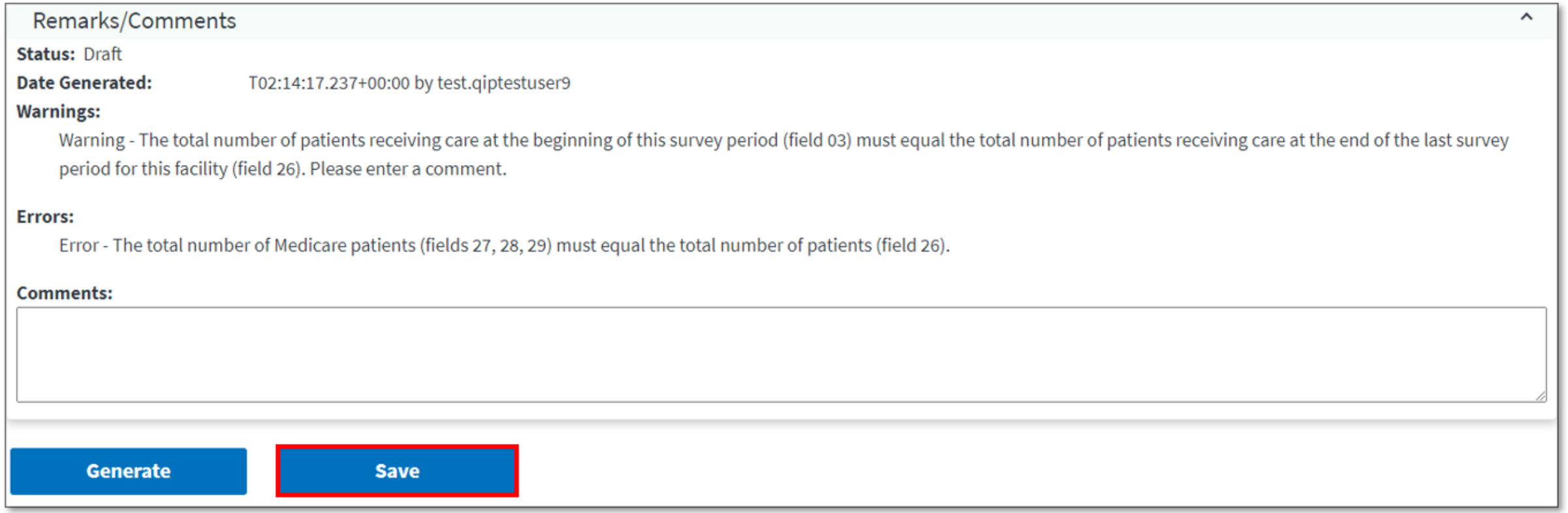
**Other**
**Field 38: Other Treatments.** Enter the number of all other types of treatments provided in-center. For all types of peritoneal dialysis training, report the number of days for which exchanges were provided. Do not report the number of exchanges and do not report days where no dialysis treatments or exchanges were furnished. For example, report the number of staff-assisted and training intermittent peritoneal (IPD) treatments, CAPD and CCPD training days and all other number of treatments performed by self-dialyzing patients or training patients, in-center, during the survey period.

# Enter Staffing as of December 31, 2023

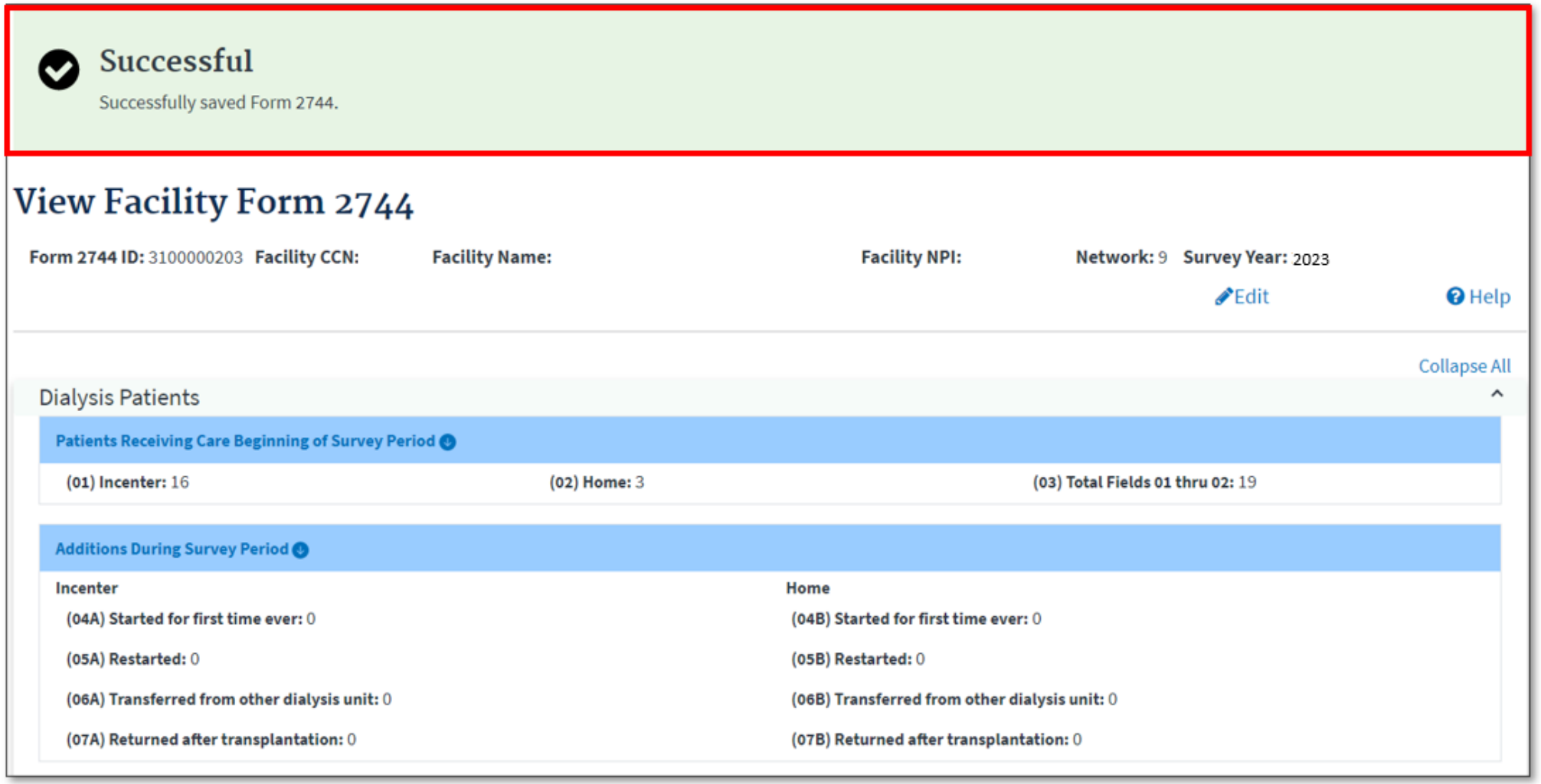
**Staffing**

| | (39) # Full Time Staff | (40) # Part Time Staff | (41) # Open Full Time Positions | (42) # Open Part Time Positions |
|---|---|---|---|---|
| (a) RNs: | 3 | 2 | 1 | 3 |
| (b) LPN/LVNs: | 2 | 0 | 2 | 0 |
| (c) PCTs: | 6 | 0 | 0 | 0 |
| (d) APNs: | 0 | 0 | 0 | 0 |
| (e) Dietitians | 1 | 0 | 1 | 0 |
| (f) Social Workers: | 1 | 0 | 1 | 0 |

# Review Errors, Enter Comments, Click Save



# Successfully Saved Form 2744



# Summary: Generating and Saving a CMS-2744

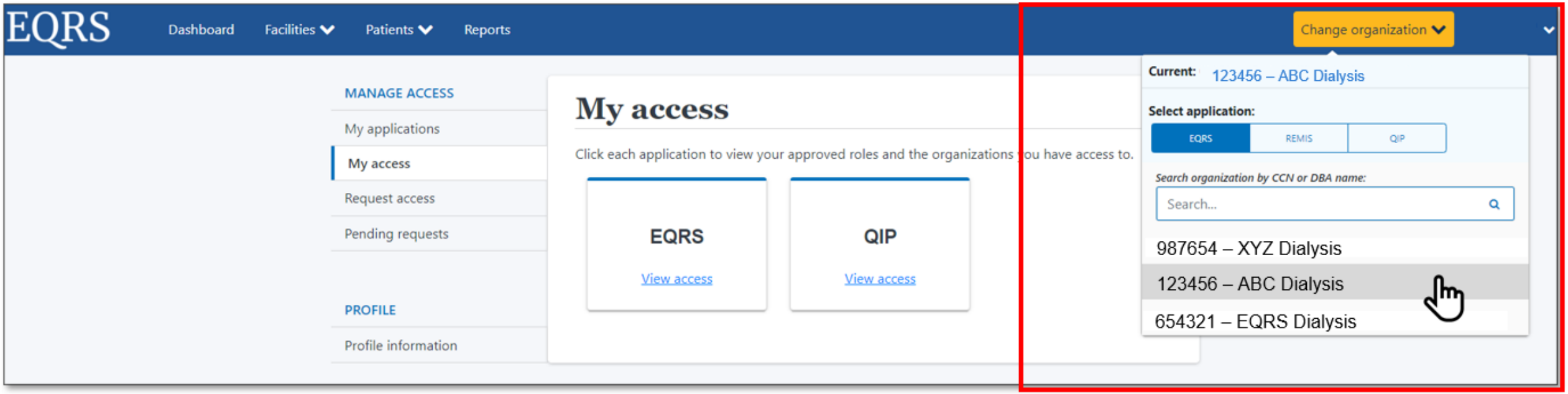
1. Click the **Change Organization** button to ensure that the correct facility is selected.
2. Click the **Facilities** tab.
3. Click the **Form 2744** link.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **Add** link in the *Actions* section.
6. Click the **Generate** button.
7. Review pre-populated data and enter **Treatment and Staffing** information.
8. Click the **Save** button.

# Viewing and Downloading CMS-2744 Dialysis Reports

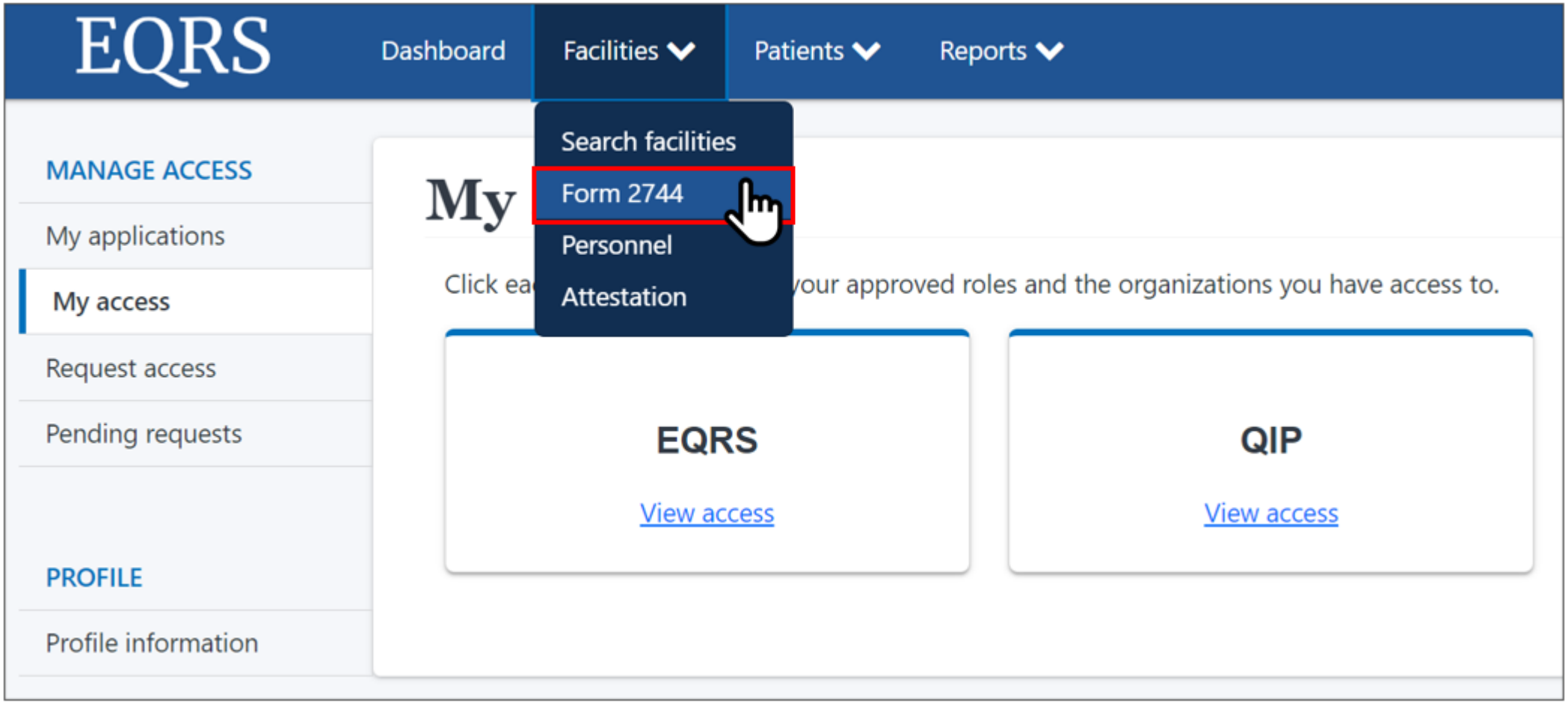
# CMS-2744 Reports

- Use the four dialysis reports available on the *View Facility Form 2744* screen to verify the auto-populated data on the CMS-2744:
  - *Patients Receiving Care Beginning of Survey Period*
  - *Additions During Survey Period*
  - *Losses During Survey Period*
  - *End of Survey Report*
- Correct any identified errors in the patient record(s), if needed.
- Regenerate the CMS-2744 survey to update the auto-populated CMS-2744 survey data and reports after correcting any identified errors.

# Select the Facility by Clicking Change Organization

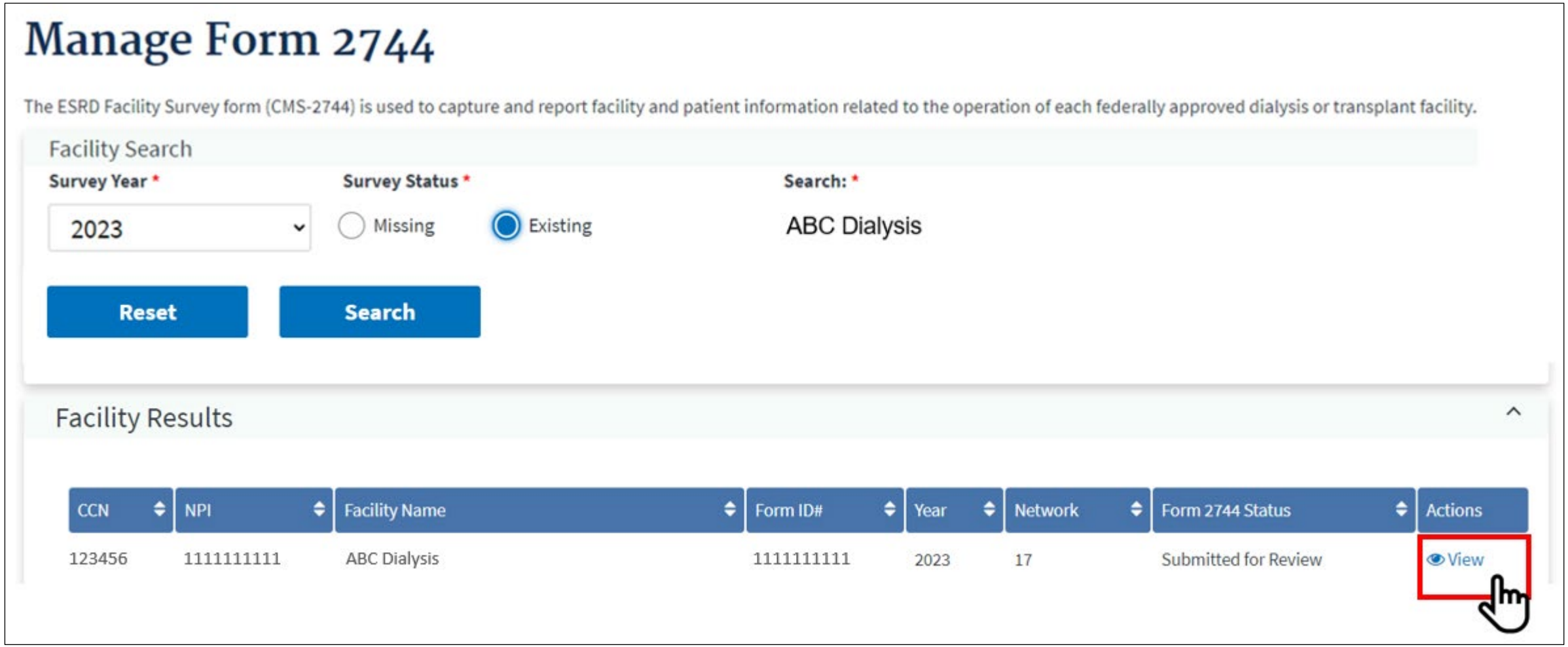


# Click the Form 2744 Link from the Facilities Tab

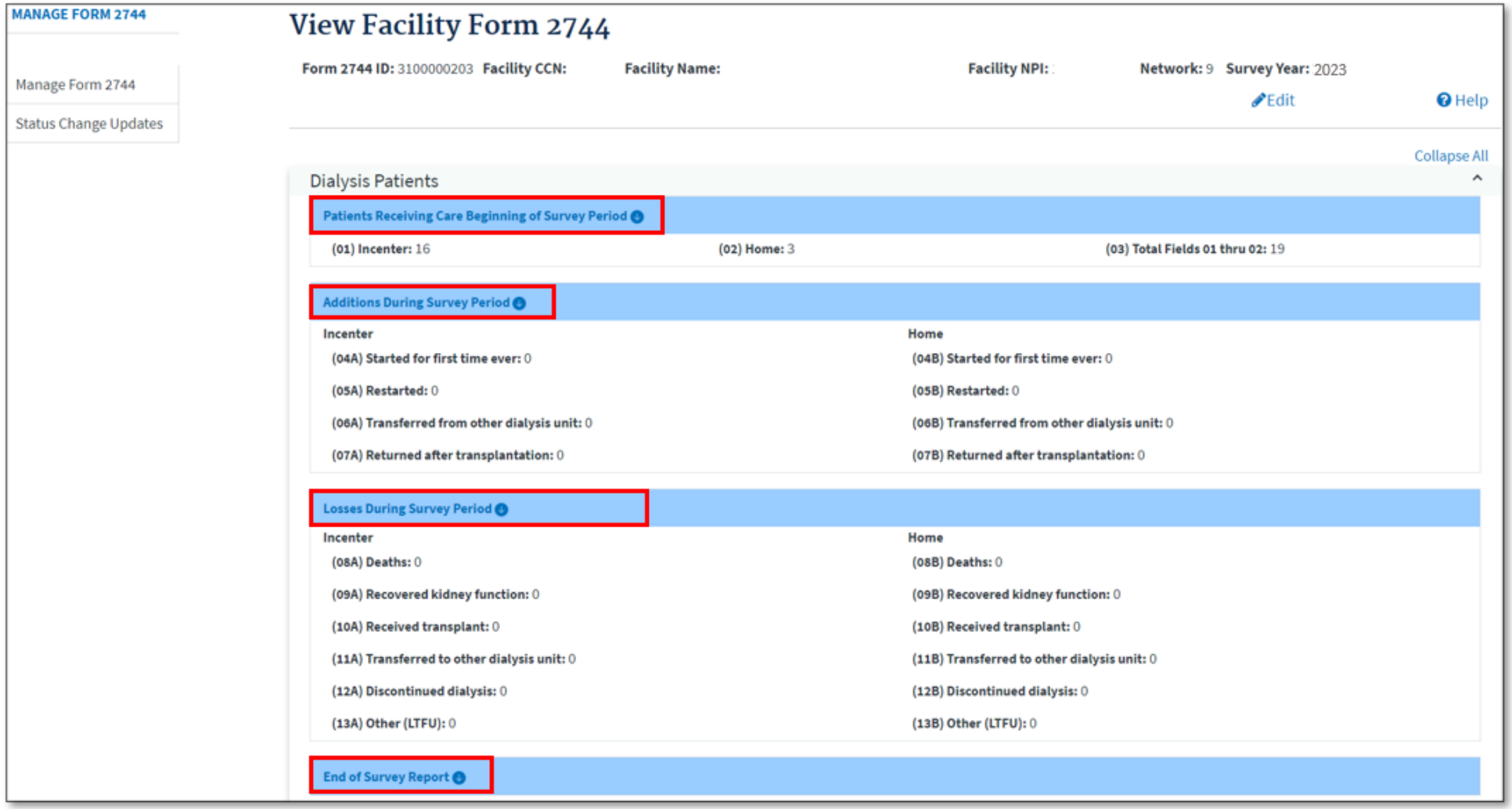


# Click Search for Existing Survey Status

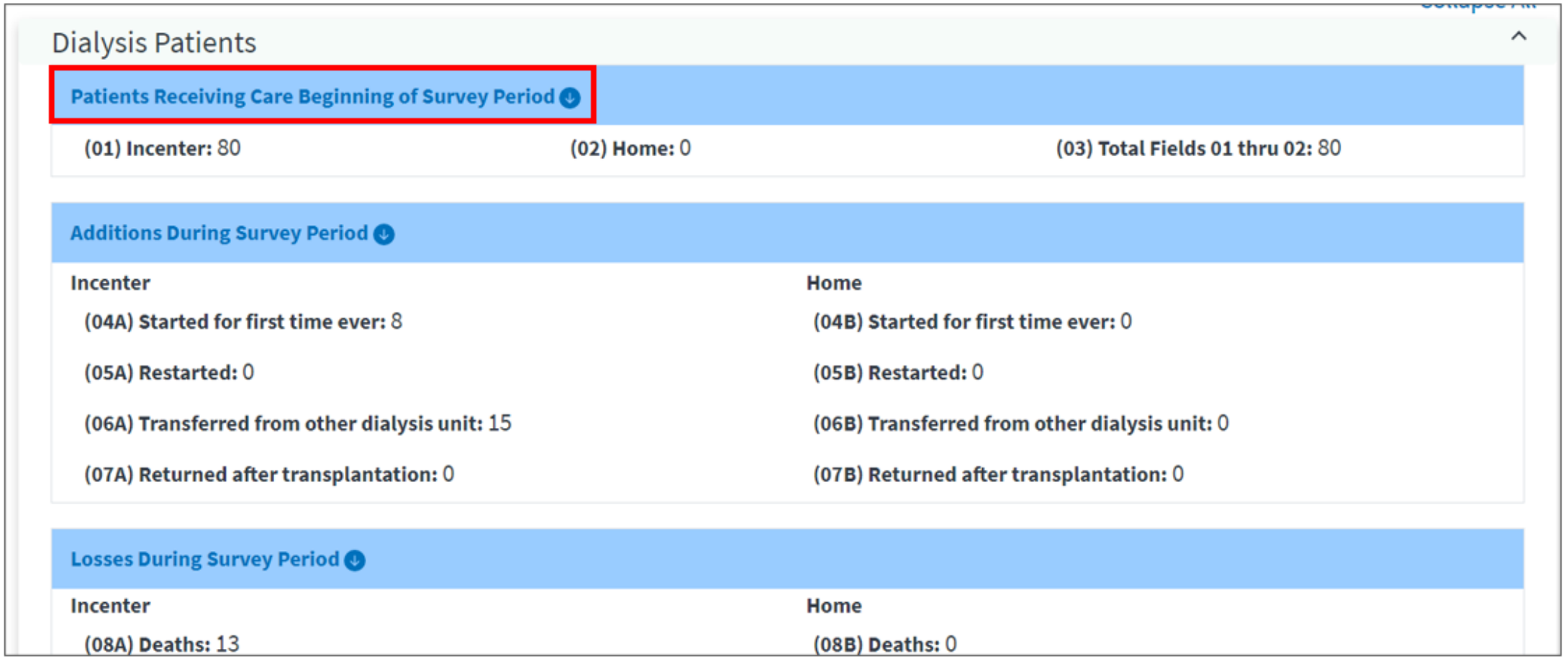
# Click the View Link



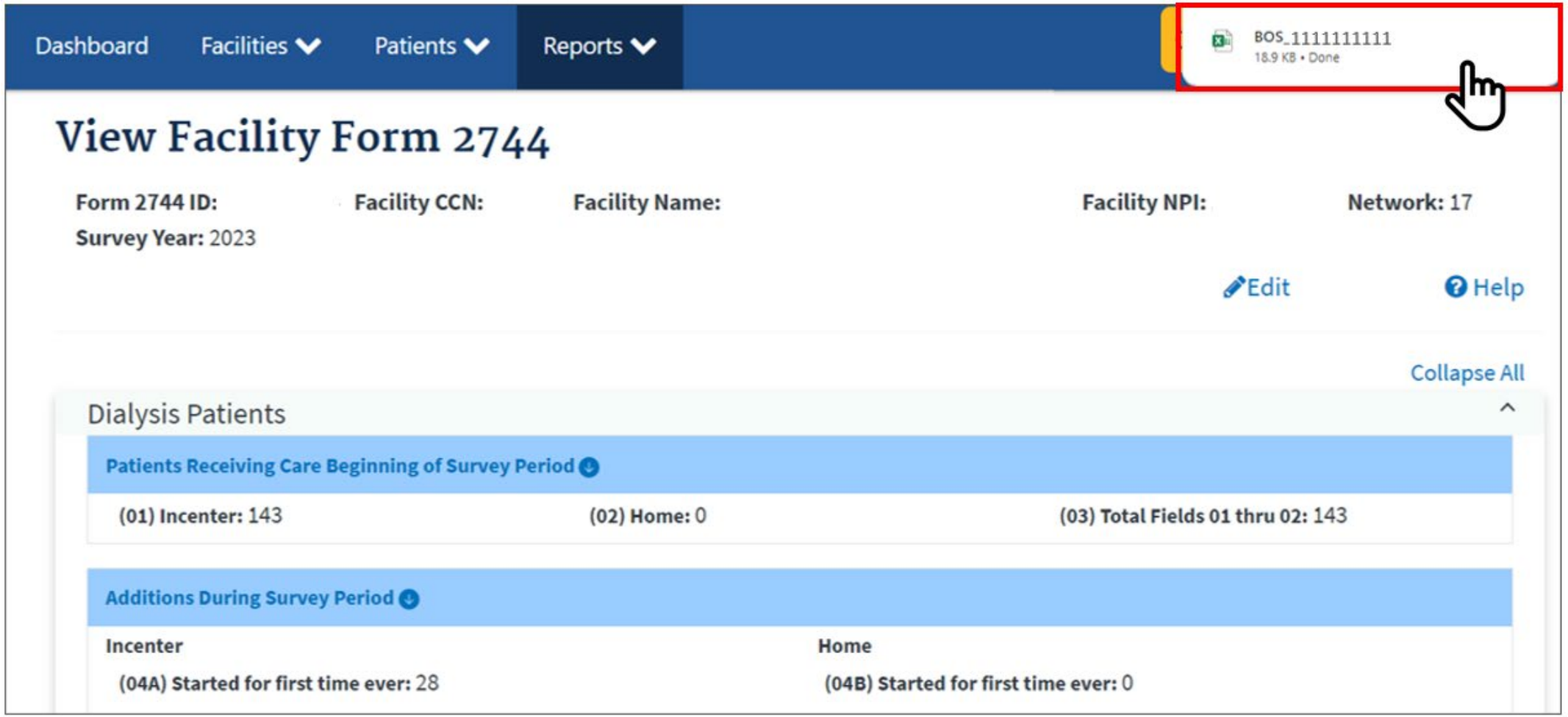
# Select the Desired Report



# Click the Report Link to Download a Report



# Right Click to Open the Report Document



# View and Download the Report Document

- Scroll to review all report data.
- Filter spreadsheet columns, as needed.
- **Download a new report every time you re-generate the survey.**

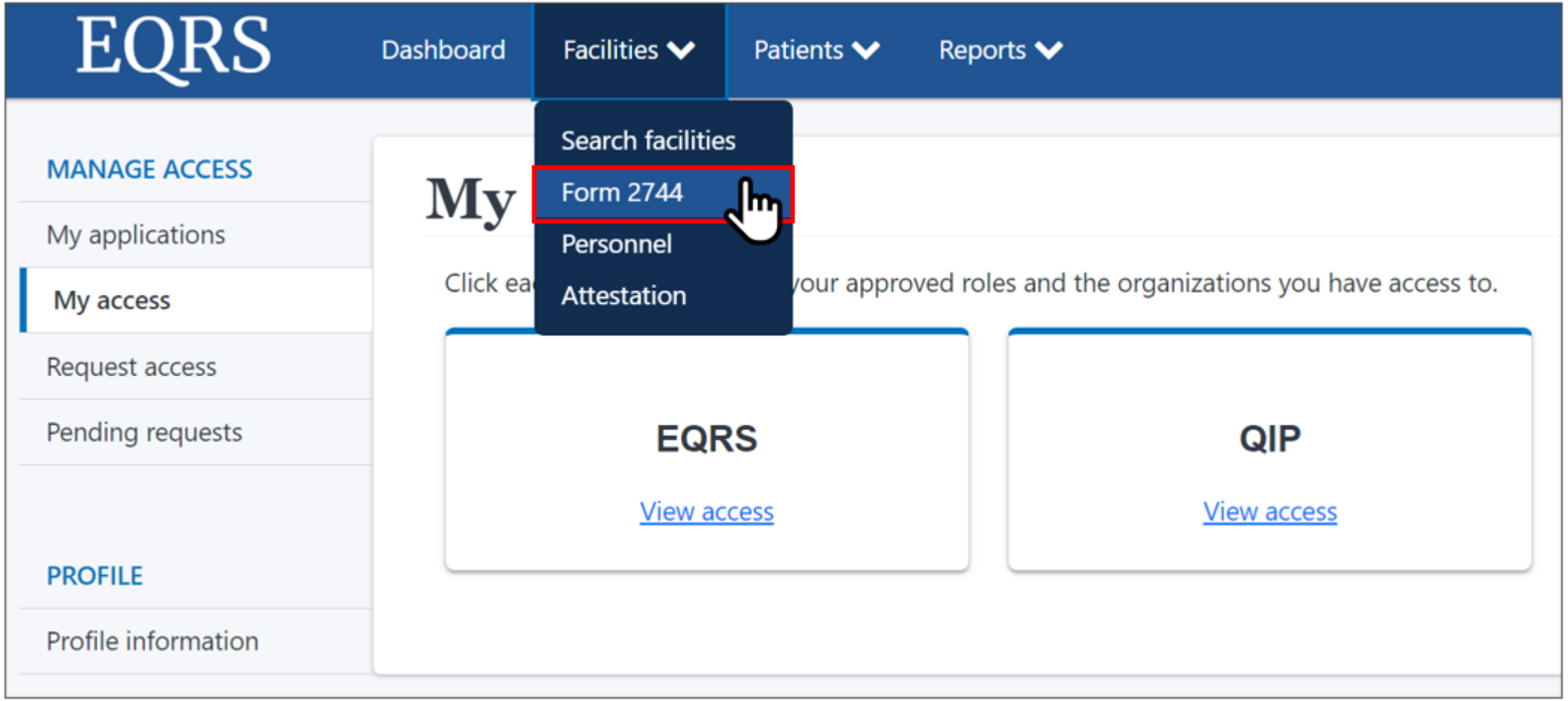
| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| 1 | **Beginning of Survey Period Report** | | | | | | | | |
| 2 | Survey Period: January 1, 2023 through December 31, 2023 | | | | | | | | |
| 3 | Facility Name: ABC Dialysis, 111111 | | | | | | | | |
| 4 | Creation Date: January 17, 2024 05:08:47 PM | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | **Network ID** | **Facility ID** | **Facility CCN** | **Facility NPI** | **Patient ID** | **Patient First Name** | **Patient Last Name** | **Patient SSN** | **Patient MBI** |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |

# Summary: Viewing and Downloading CMS-2744 Reports

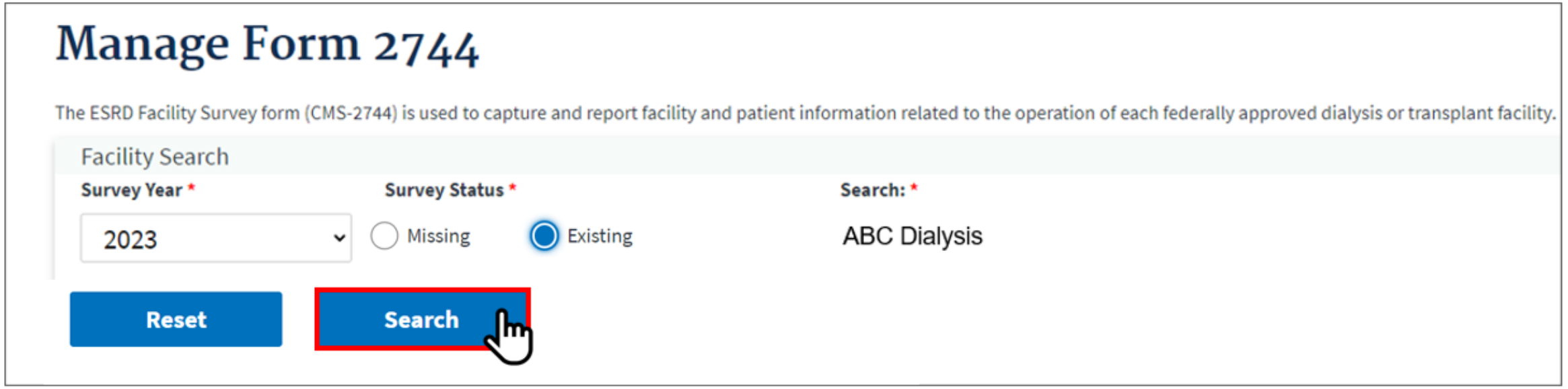
1. Log in to EQRS with HARP account via https://eqrs.cms.gov/globalapp/.
2. Select the **Facility**, if needed.
3. Click **Form 2744** from the *Facilities* tab.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **View** link.
6. Select and click on the desired **report link** to download.
7. Open and save the downloaded report.

# Editing an Existing CMS-2744

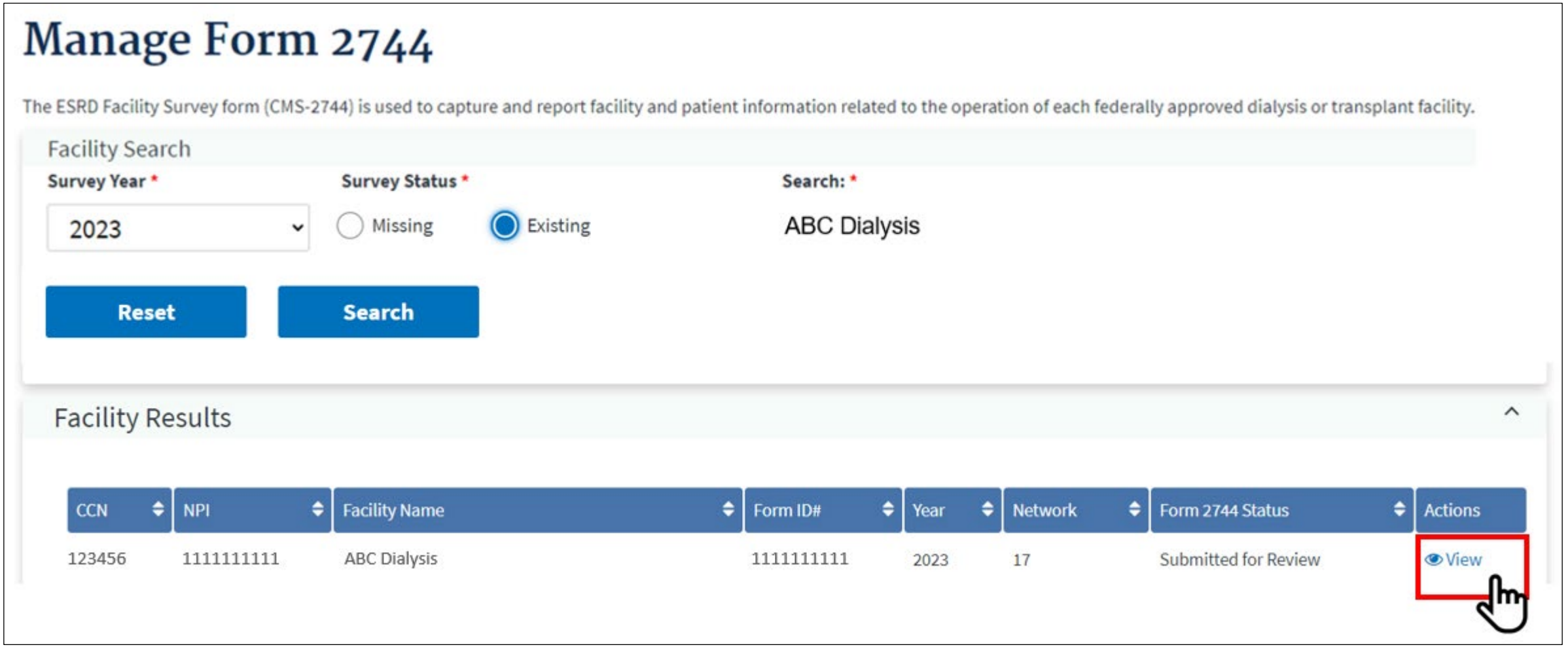
# Click the Form 2744 Link from the Facilities Tab



# Enter the Desired Survey Year, Select Existing, and Click Search

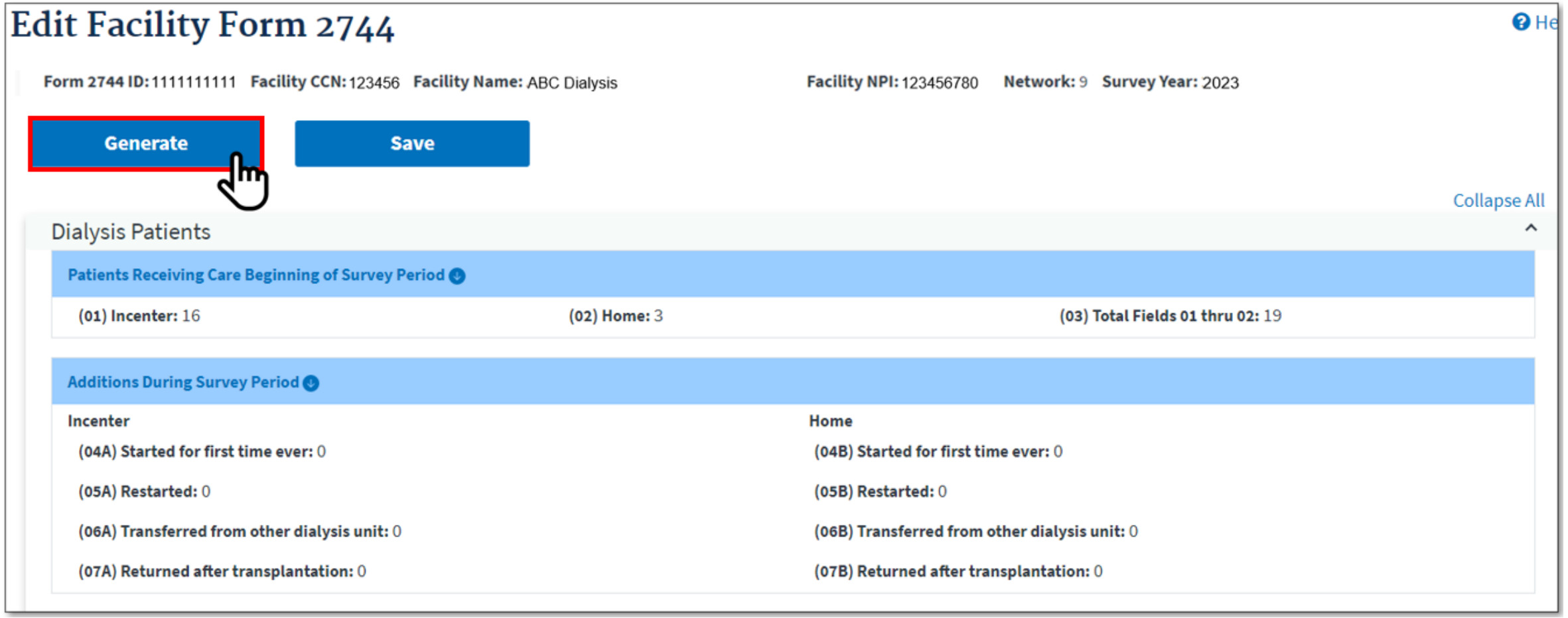


# Click the View Link

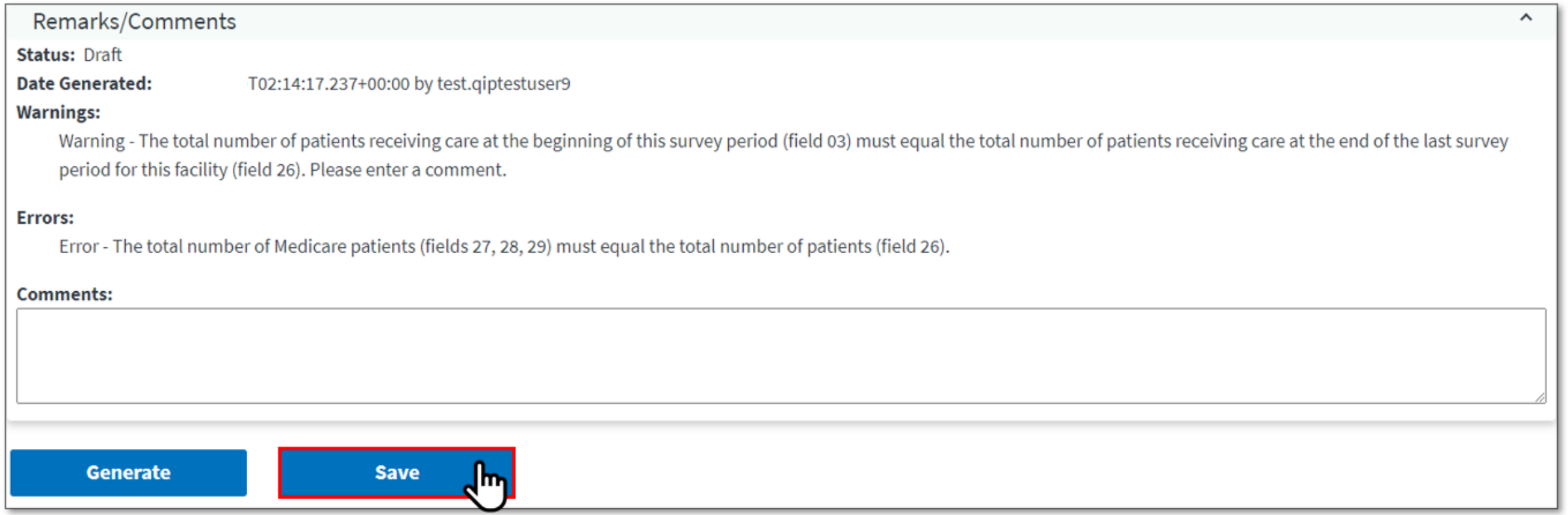


# Click the Edit Link

# Click the Generate Button



# Click the Save Button

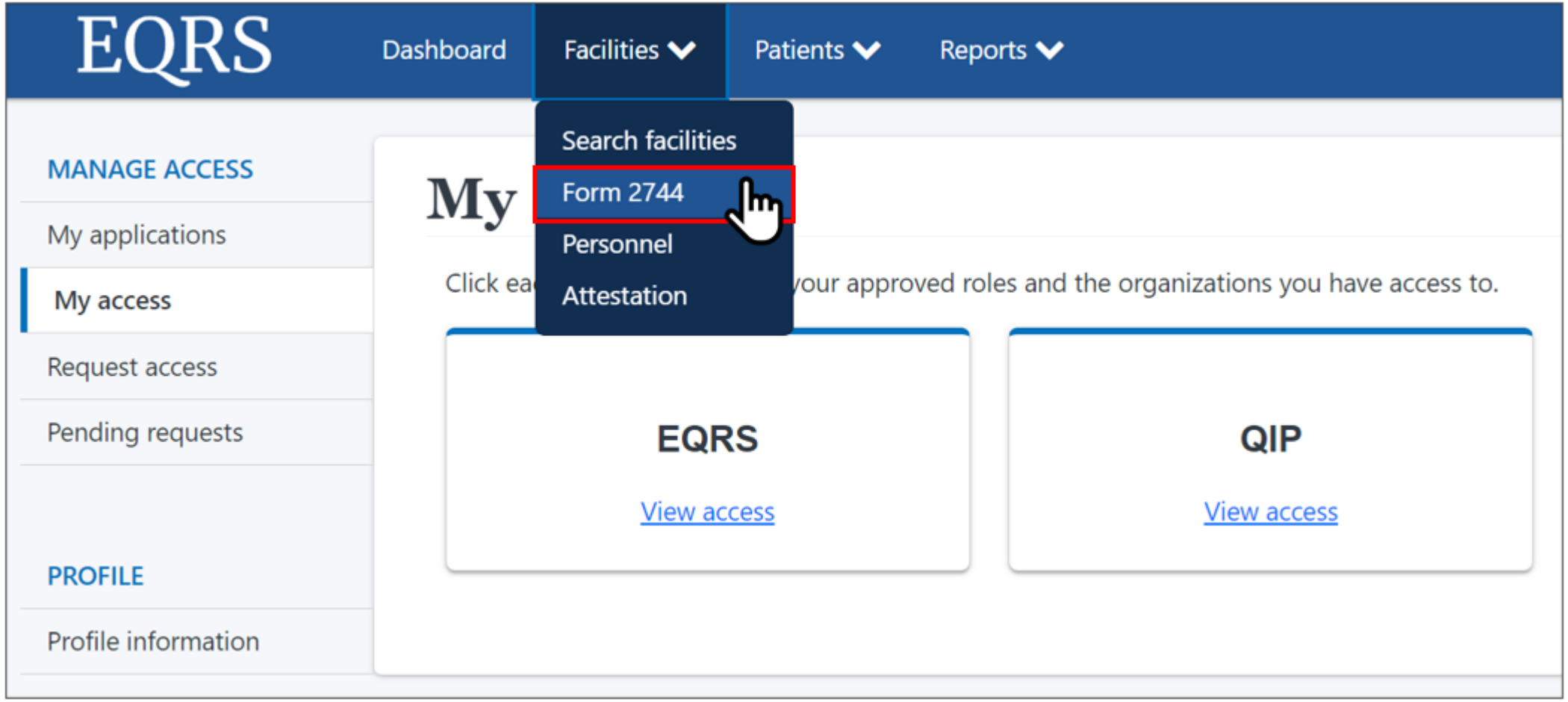


# Summary: Editing an Existing CMS-2744

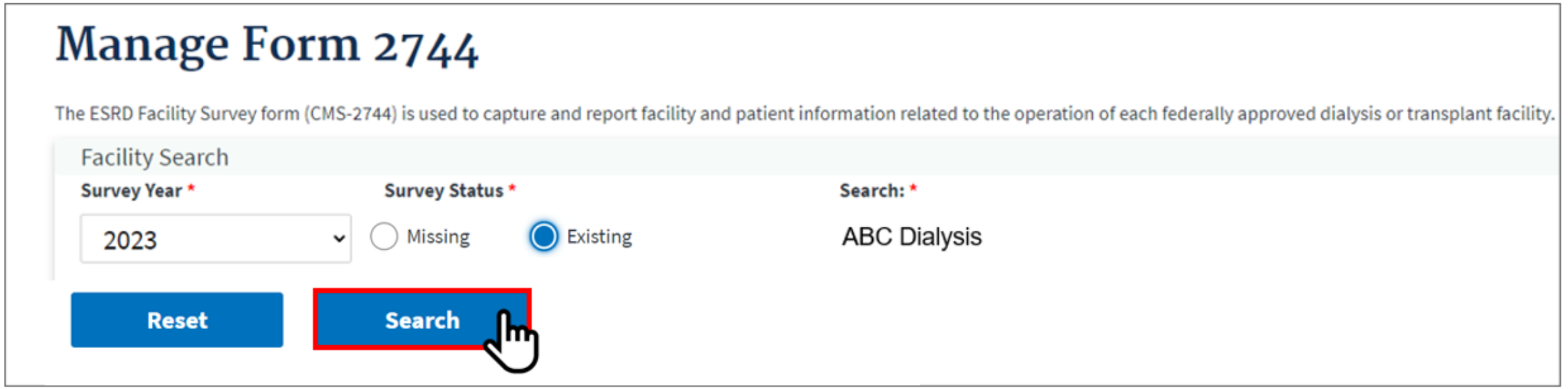
1. Click the **Facilities** tab.
2. Click the **Form 2744** link.
3. Select the **Survey Year** and **Survey Status** and click **Search**.
4. Click the **View** link in the *Actions* section.
5. Click the **Edit** link.
6. Click the **Generate** button.
    - The pre-populated fields are automatically updated.
    - Make updates to the Treatment and Staffing fields (if needed).
7. Click the **Save** button.

# Submitting a CMS-2744

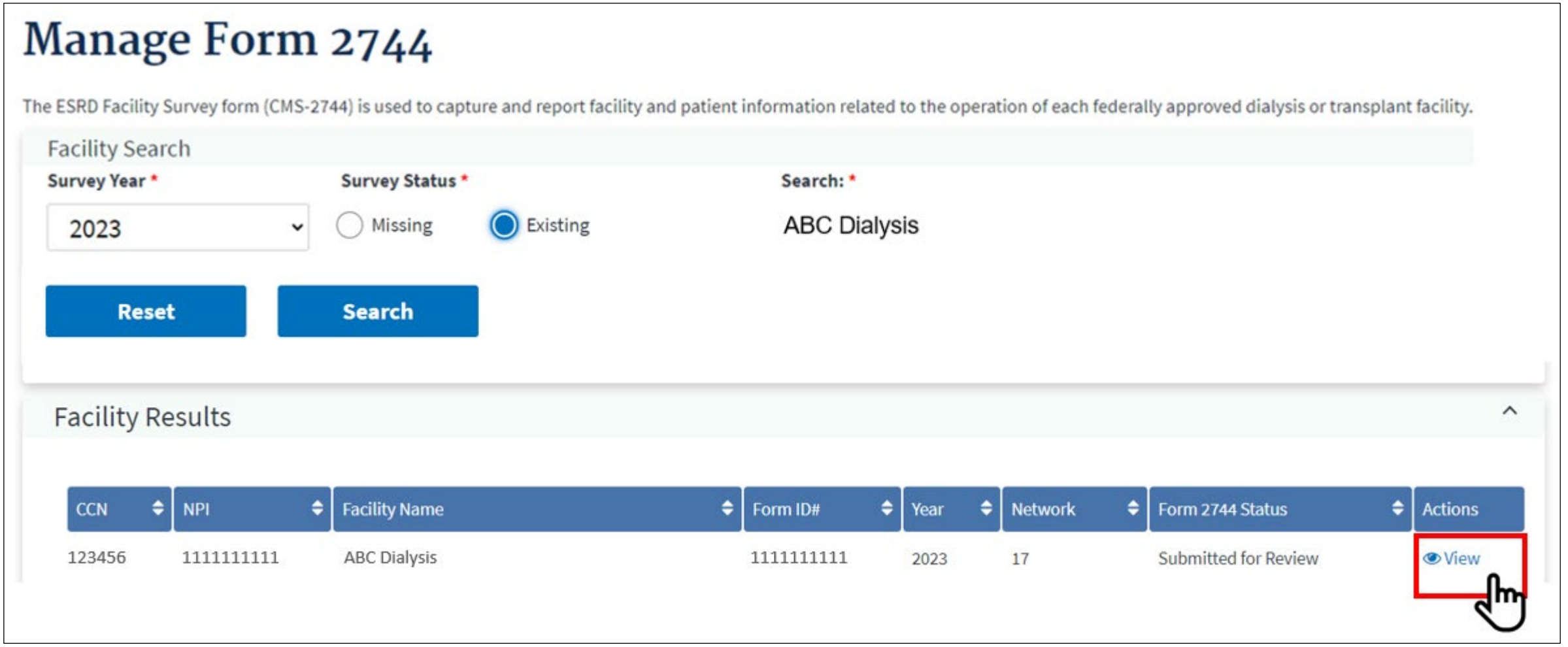
# Click the Form 2744 Link from the Facilities Tab



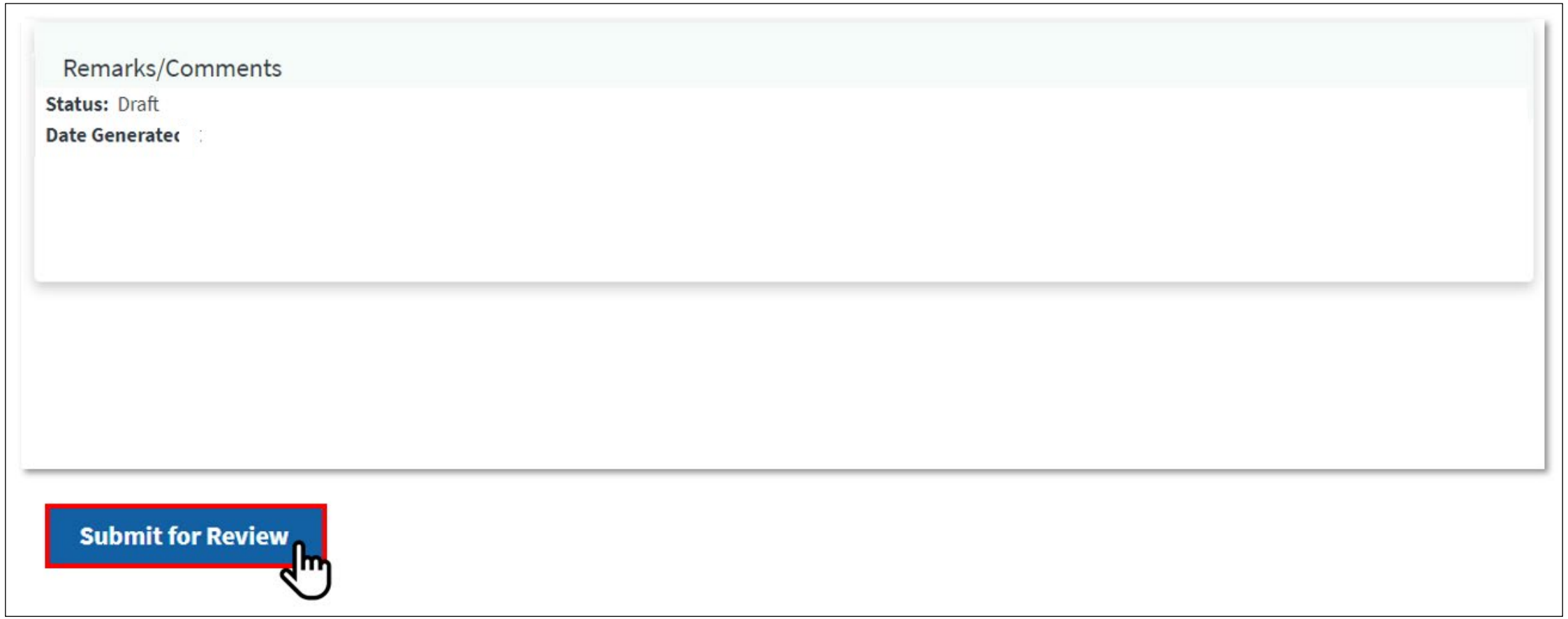
# Enter the Desired Survey Year, Select Existing, and Click Search



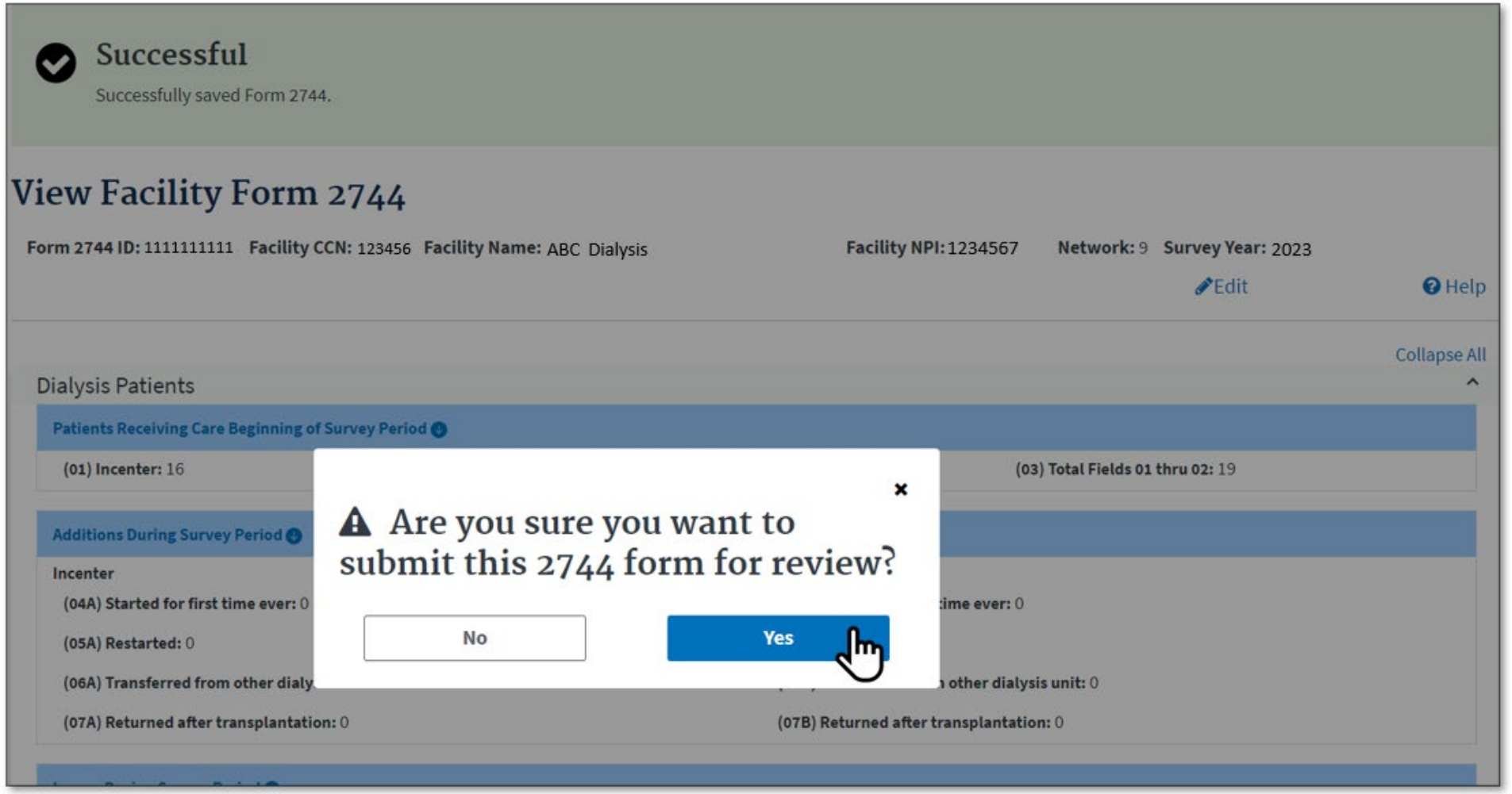
# Click the View Link



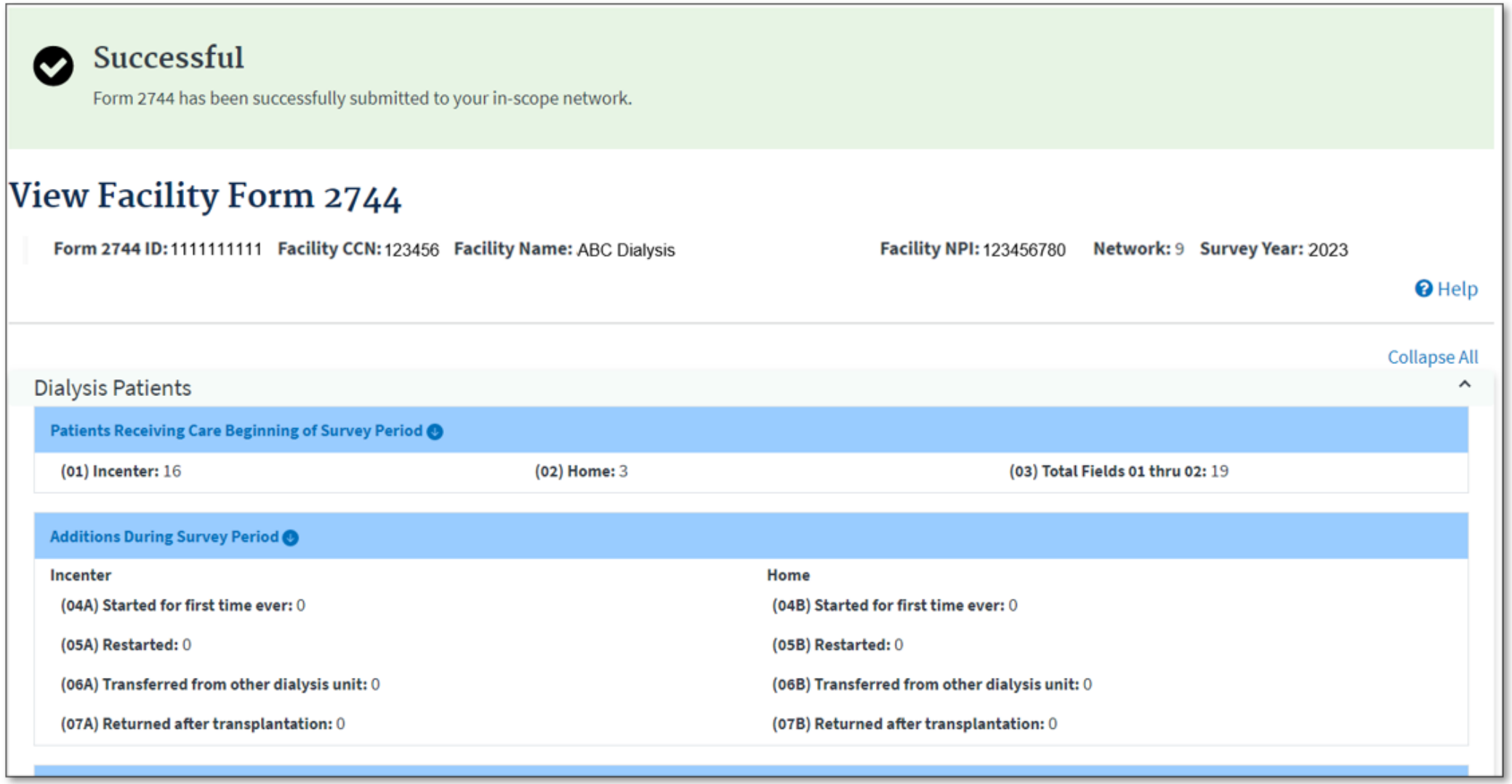
# Click Submit For Review



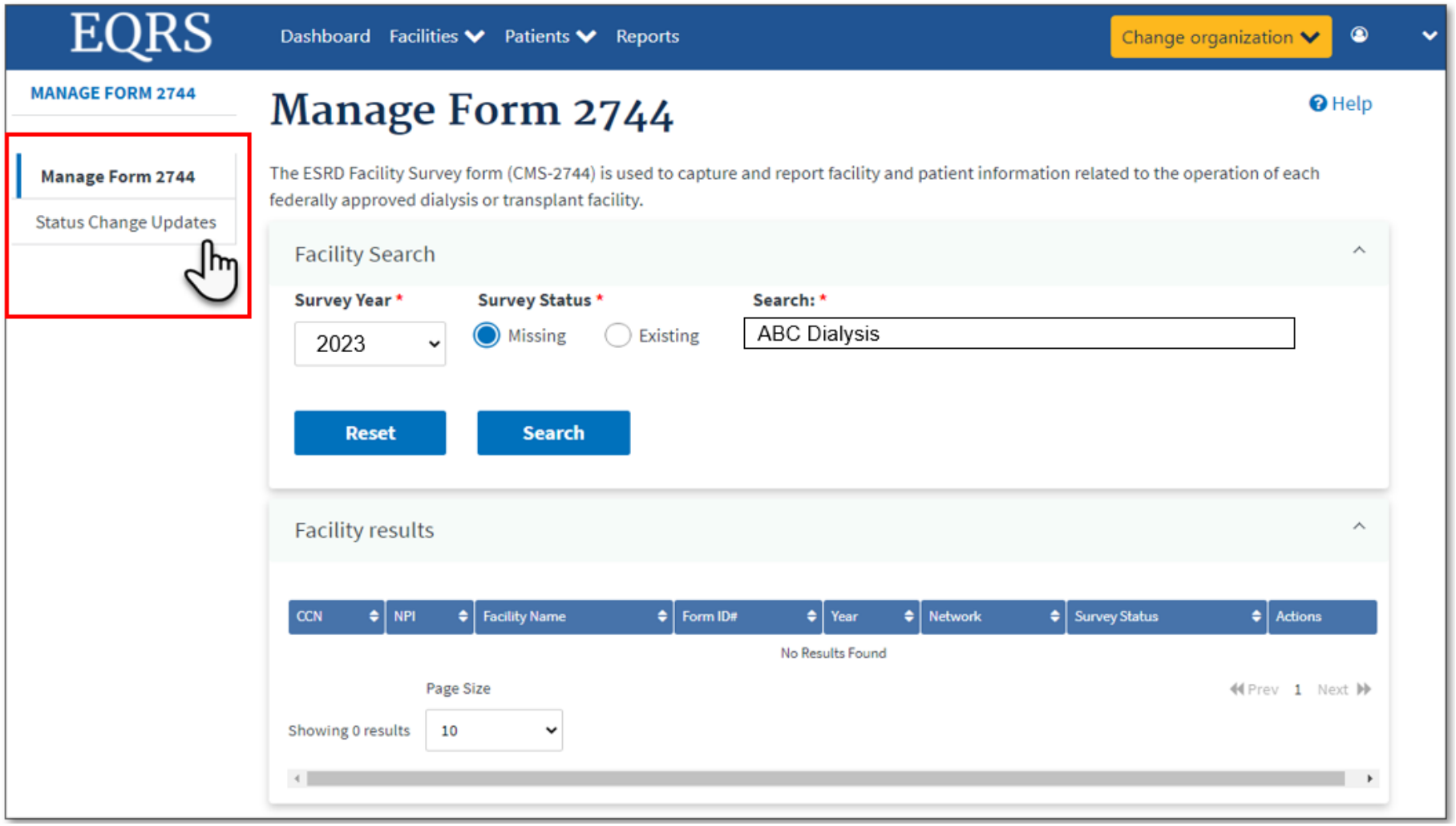
# Review Confirmation Dialog Box, Click Yes



# Successfully Submitted Form 2744



# Monitor the CMS-2744: Click Status Change Updates

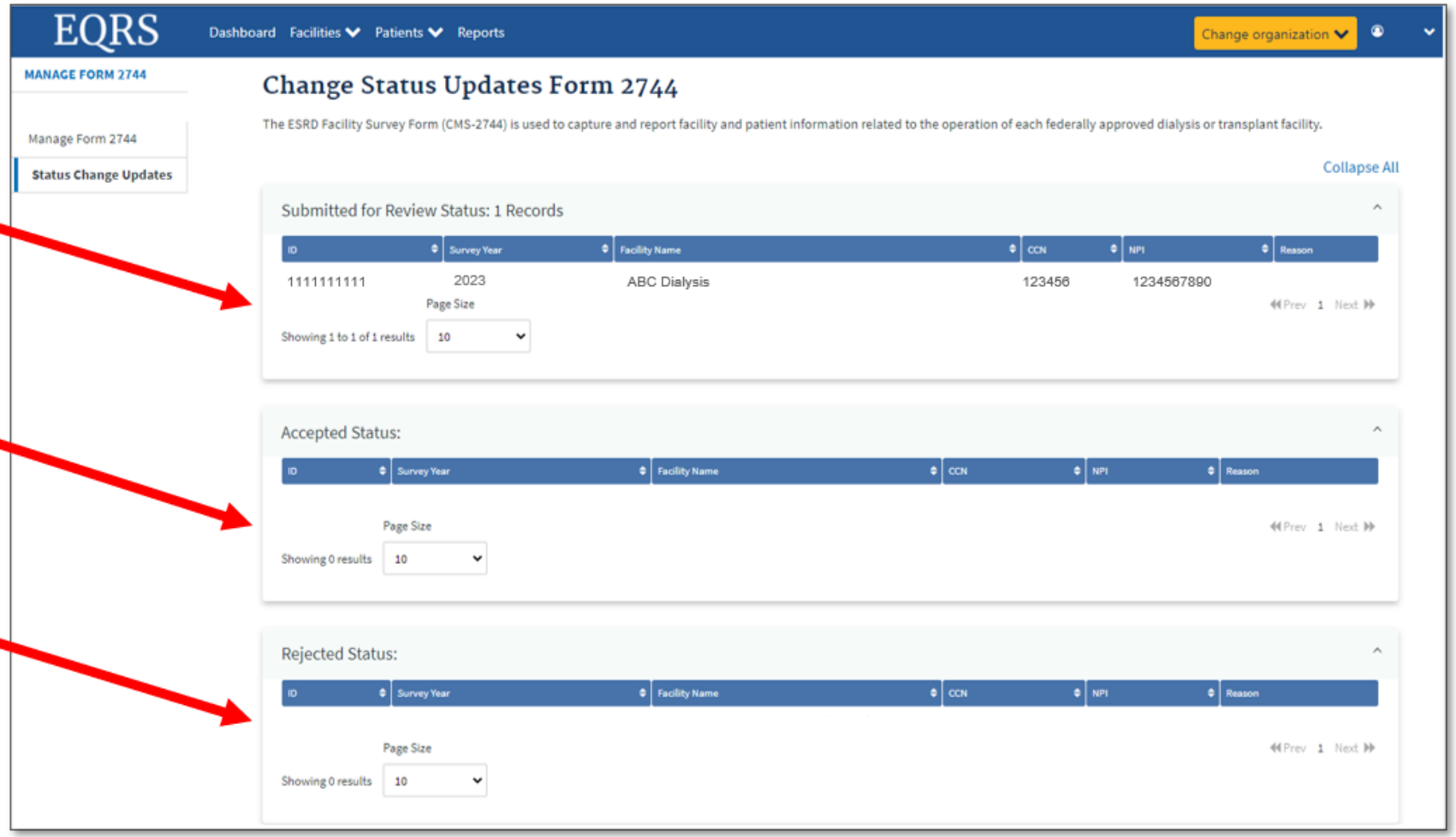


# Monitor the CMS-2744: Status

**Submitted for Review** - When the facility submits the Form CMS-2744 for acceptance.

**Accepted** - The Network accepts the final version from the facility for approval.

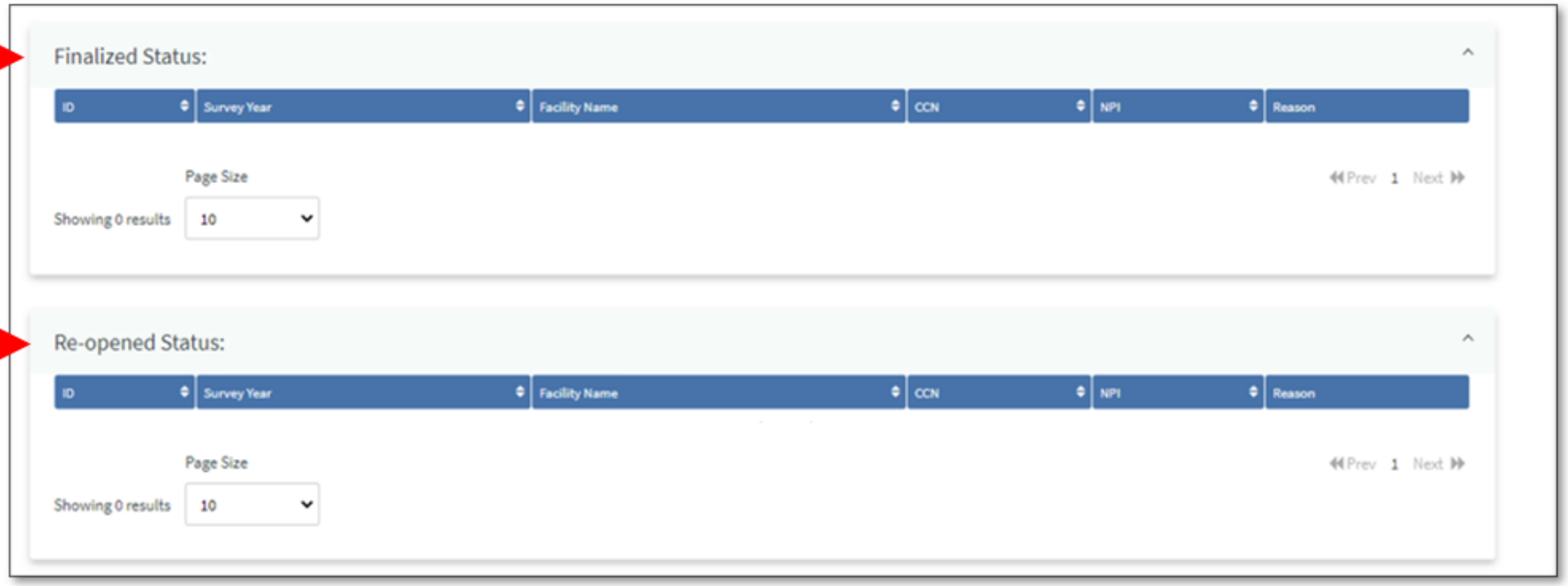
**Rejected** - The Network rejects the Form CMS-2744 and returns it to the facility for further updating.



# Monitor the CMS-2744: Status (Continued)

**Finalized** - The Network approves the Form CMS-2744.

**Reopened** - CMS does not accept the finalized version from the Network and it is returned to the facility for further review.



# Summary: Submitting a CMS-2744

1. Click the **Facilities** tab.
2. Click the **Form 2744** link.
3. Select the **Survey Year** and **Survey Status** and click **Search**.
4. Click the **View** link in the *Actions* section.
5. Click the **Submit for Review** button.
6. Click **Yes** in the *Confirmation Dialog* box.
7. Monitor the status via the *Status Change Updates* screen.

# Viewing and Downloading the Transplant CMS-2744

# CMS-2744B Report

- Use the transplant report available on the *View Facility Form 2744* screen to verify the auto-populated data on the CMS-2744:
  - *End of Survey Transplant Report*

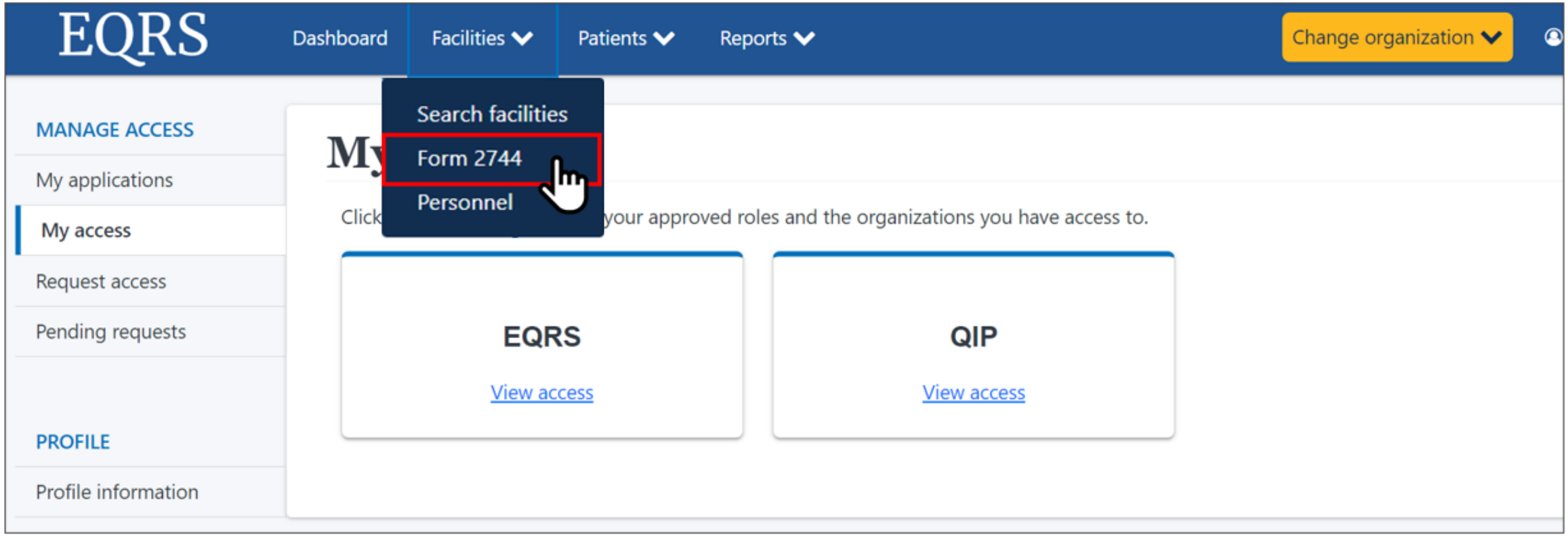
- Correct any identified errors in the patient record(s), if needed.
- Regenerate the CMS-2744 survey to update the auto-populated CMS-2744 survey data and reports after correcting any identified errors.

# View and Download the 2744B Report

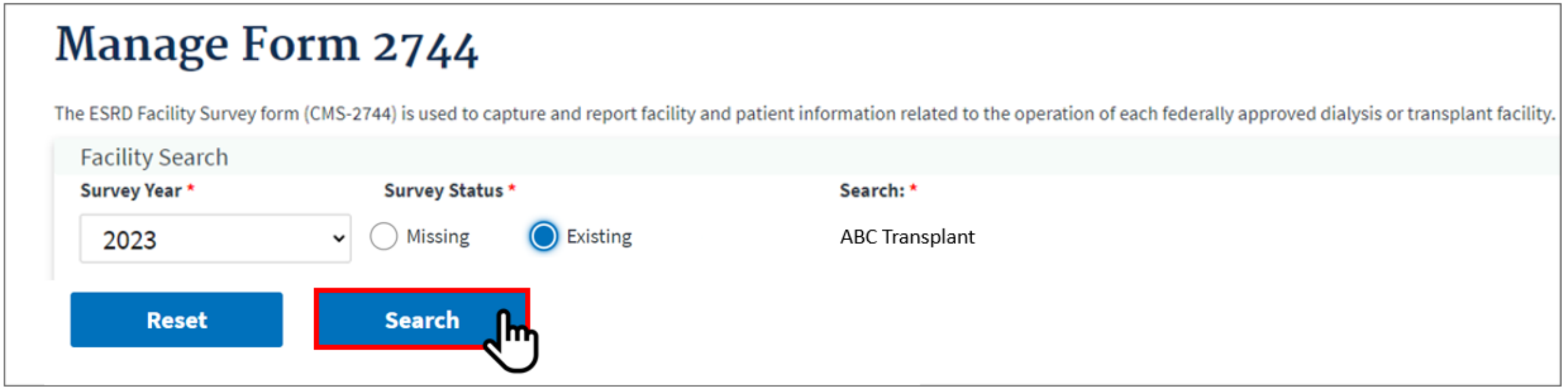
The steps to view and download the CMS-2744B report for transplant centers are the same as a CMS-2744A report for dialysis facilities:

1. Log in to EQRS with HARP account via https://eqrs.cms.gov/globalapp/.
2. Select the **Facility**, if needed.
3. Click **Form 2744** from the *Facilities* tab.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **View** link.
6. Select and click on the desired **report link** to download.
7. Open and save the downloaded report.

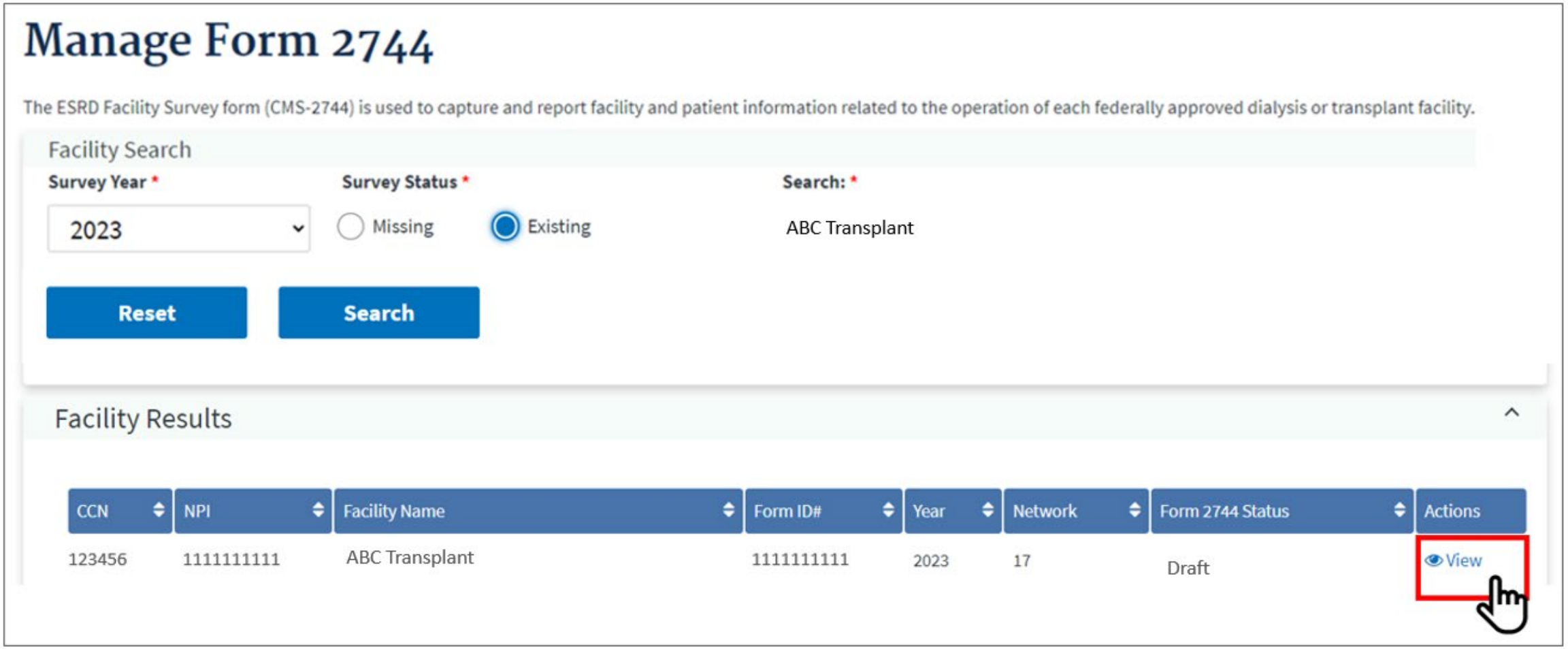
# Click the Form 2744 Link from the Facilities Tab



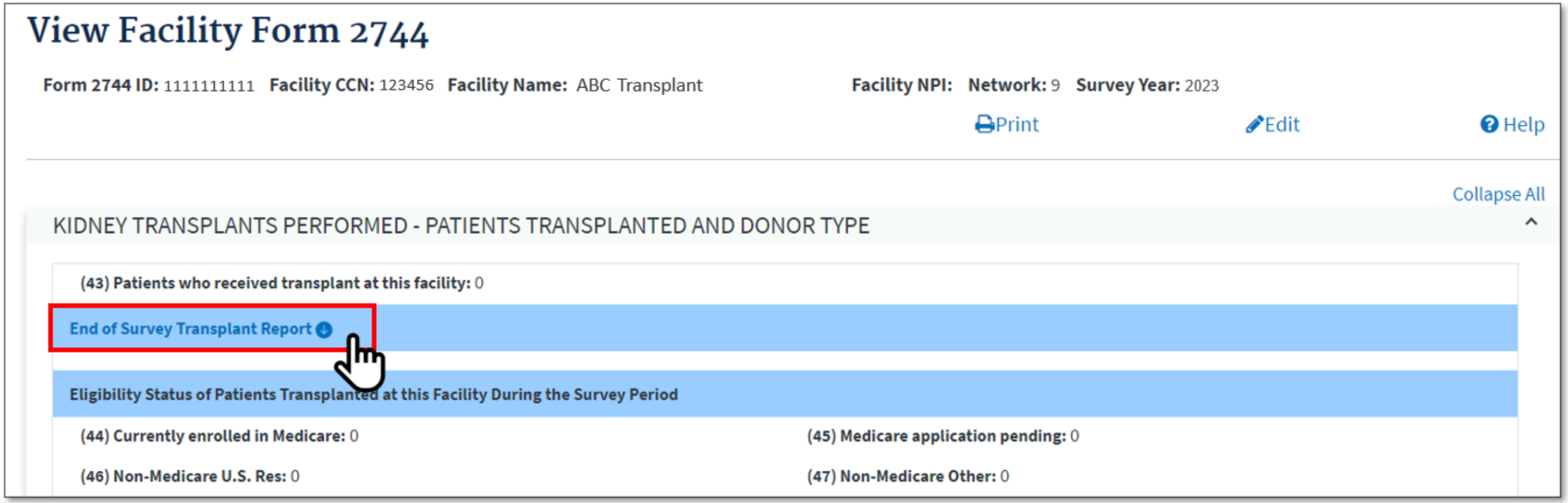
# Enter the Desired Survey Year, Select Existing, and Click Search



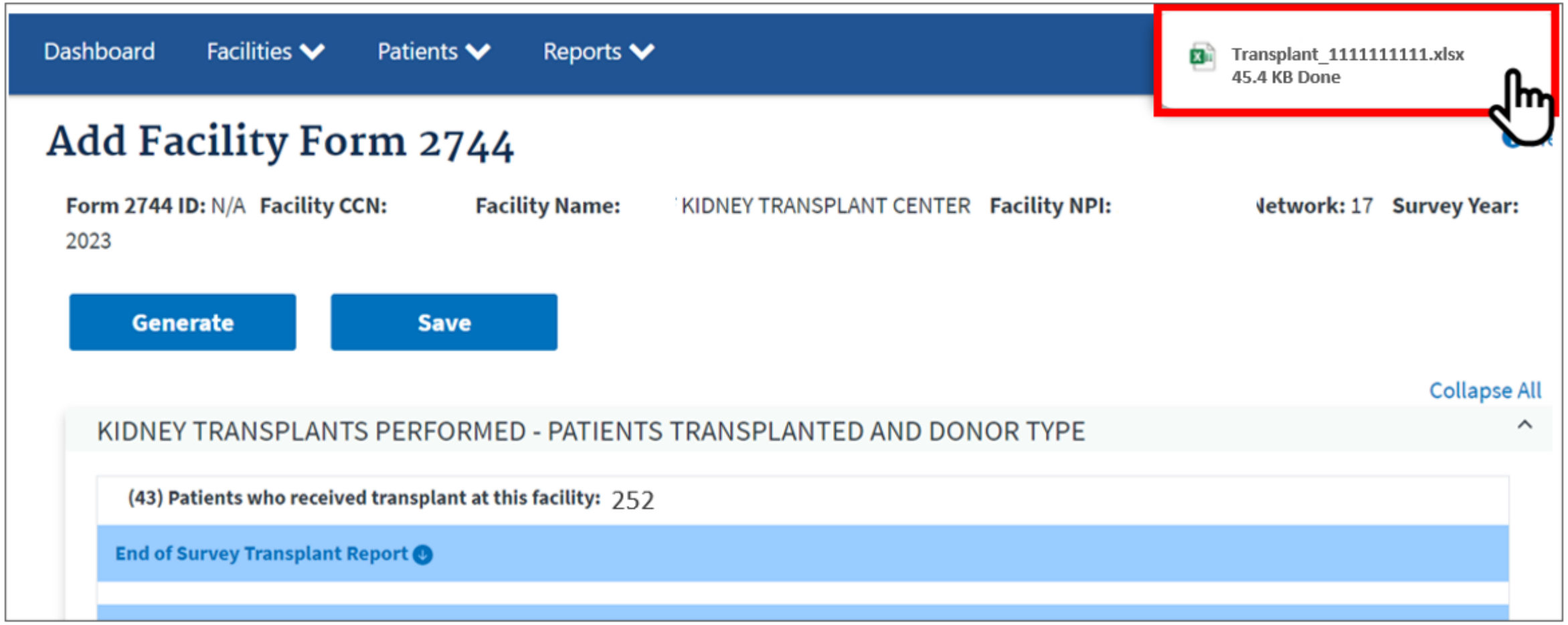
# Click the View Link



# Click the *End of Survey Transplant Report* Link to Download the Report



# Right Click to Open the Report Document



# View and Download the Report Document

- Scroll to review all report data.
- Filter spreadsheet columns, as needed.
- **Download a new report every time you re-generate the survey.**

| | A | B | C | D | E | F | G | H | I | J | K |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **End of Survey Transplant Report** | | | | | | | | | | |
| 2 | Survey Period: January 1, 2023 through December 31, 2023 | | | | | | | | | | |
| 3 | Facility Name: ABC KIDNEY TRANSPLANT CENTER, 111111 | | | | | | | | | | |
| 4 | Creation Date: January 09, 2024 10:34:01 AM | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | **Network ID** | **Facility ID** | **Facility CCN** | **Facility NPI** | **Patient ID** | **Patient First Name** | **Patient Last Name** | **Patient Gender** | **Patient Birth Date** | **Patient SSN** | **Patient MBI** |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |

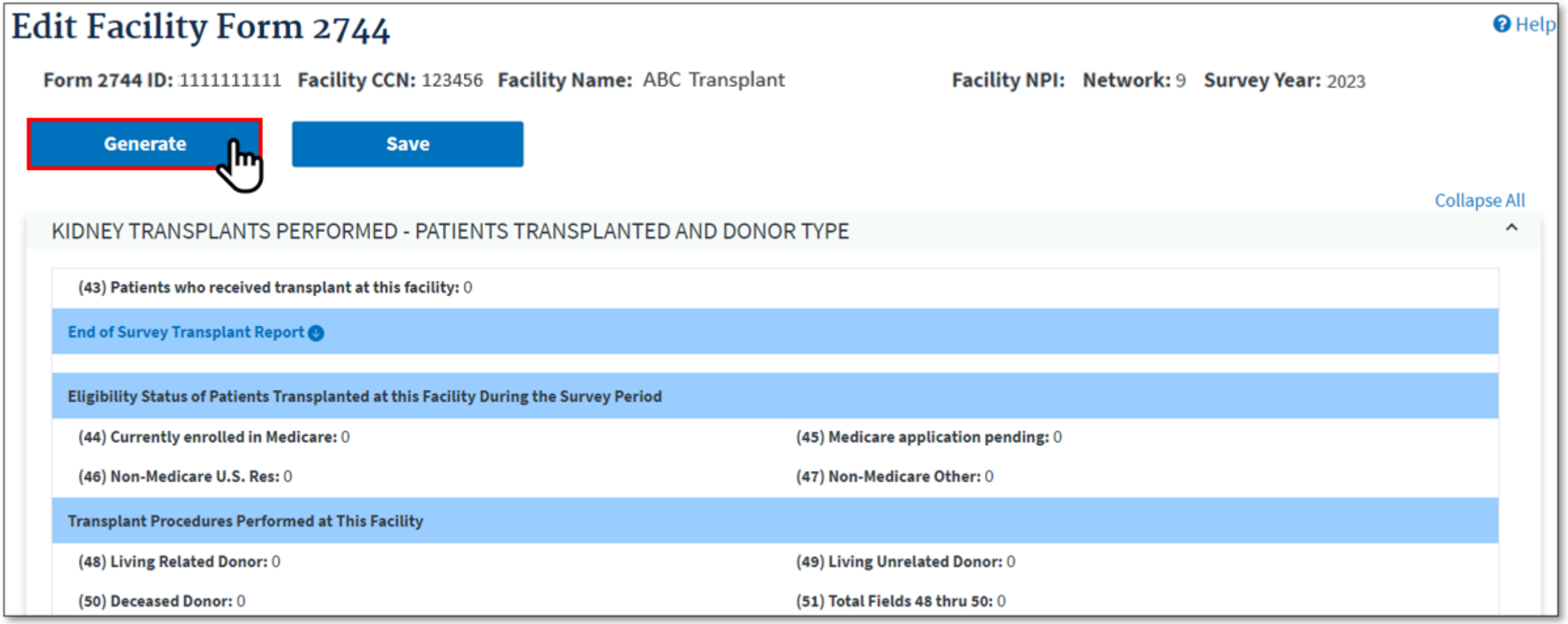
# Submitting a CMS-2744B for a Transplant Center

# Access the Form 2744B

The steps to access a CMS-2744B form for transplant centers are the same as a CMS-2744A form for dialysis facilities:

1. Click the **Change Organization** button to ensure that the correct center is selected.
2. Click the **Facilities** tab.
3. Click the **Form 2744** link.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **Add** link in the *Actions* section.

# Click the Generate Button



# Review Pre-Populated Fields and Enter Patients Awaiting Transplant

KIDNEY TRANSPLANTS PERFORMED - PATIENTS TRANSPLANTED AND DONOR TYPE

**(43) Patients who received transplant at this facility:** 0

**End of Survey Transplant Report**

**Eligibility Status of Patients Transplanted at this Facility During the Survey Period**

**(44) Currently enrolled in Medicare:** 202

**(45) Medicare application pending:** 7

**(46) Non-Medicare U.S. Res:** 10

**(47) Non-Medicare Other:** 11

**Transplant Procedures Performed at This Facility**

**(48) Living Related Donor:** 0

**(49) Living Unrelated Donor:** 0

**(50) Deceased Donor:** 0

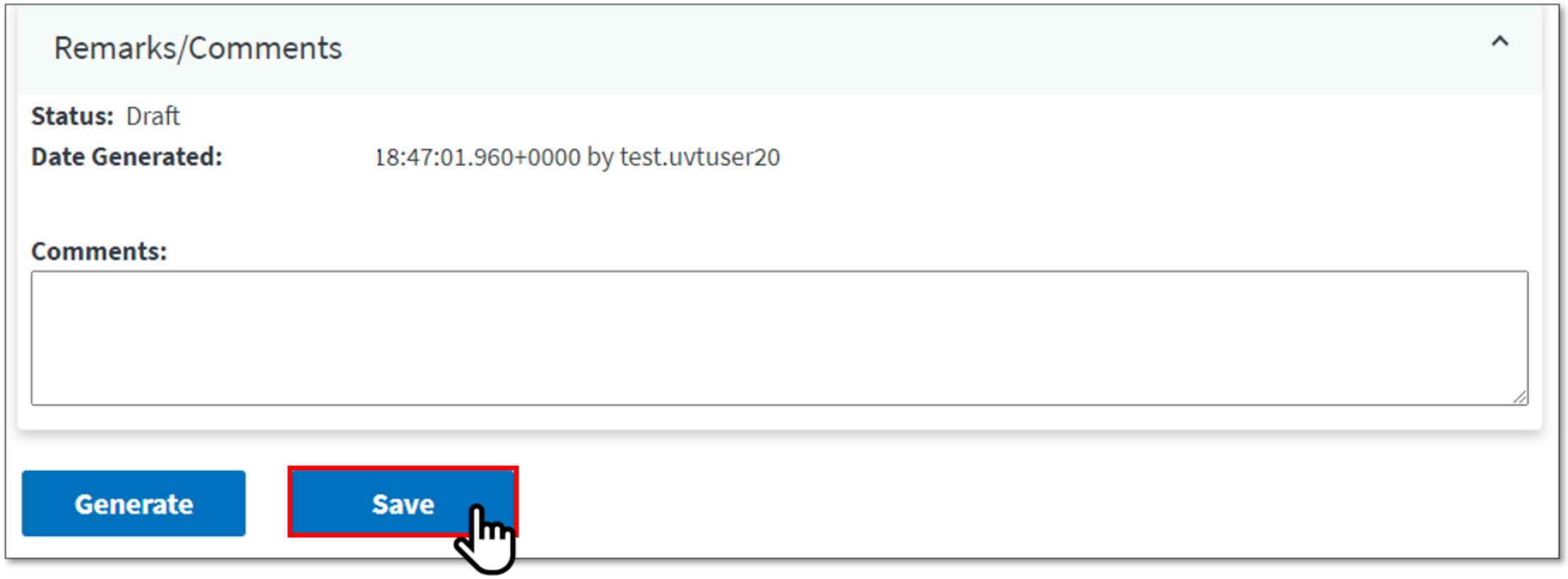
**(51) Total Fields 48 thru 50:** 0

**Patients Awaiting Transplant**

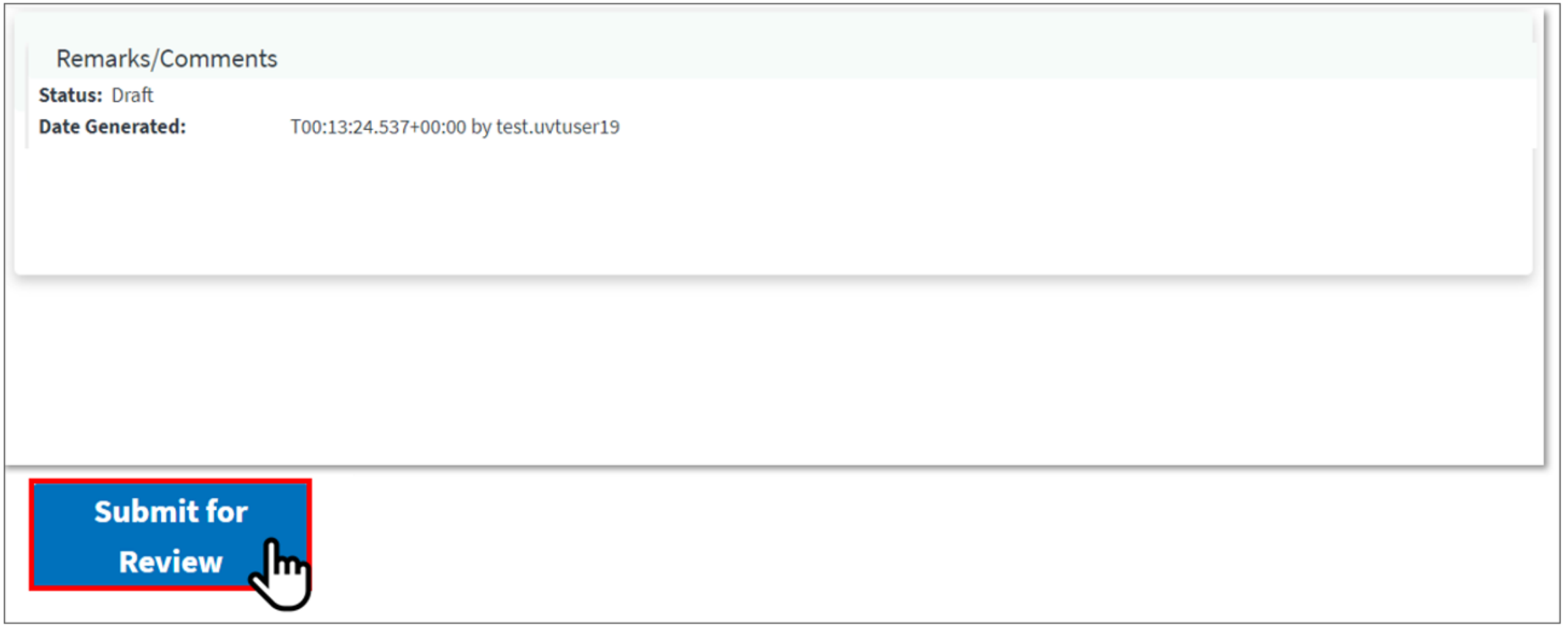
**(52) Dialysis:** 5

**(53) Nondialysis:** 2

# Review Remarks/Comments and Click Save



# Click Submit For Review



# Summary: Submitting a CMS-2744B

1. Click the **Change Organization** button to ensure that the correct center is selected.
2. Click the **Facilities** tab.
3. Click the **Form 2744** link.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **Add** link in the *Actions* section.
6. Click the **Generate** button.
7. Review pre-populated data and enter **Patients Awaiting Transplant** information.
8. Click the **Save** button.
9. Click the **Submit for Review** button.

# Troubleshooting Warning and Error Messages

# Warning Messages: Example 1

**Warning messages must be addressed with a comment.**

Example #1:
The total number of in-center patients receiving Other dialysis treatments (field 38) may be too high.

Action Steps:

1. Verify that the total counts in field 38 only include PD training treatments, not the total number of treatments the patient received at home
2. Enter a comment stating that the count has been verified and is accurate

**Note**: The survey will be rejected if total treatments are included in the survey.

# Warning Messages: Example 2

**Warning messages must be addressed with a comment.**

Example #2:
The total number of patients receiving care at the beginning of this survey period (field 03) must equal the total number of patients receiving care at the end of the last survey period for this facility (field 26).

Action Steps:
1. Verify that the counts listed on the survey are accurate
2. Enter a comment that the counts have been verified and are accurate

# Error Messages: Example 1

**Error messages must be corrected and can not be ignored by the facilities. Surveys with outstanding errors messages will be rejected.**

Example #1:
The total number of Medicare patients (fields 27, 28, 29) must be summed and must equal the total number of patients (field 26).

**Calculation Example**: 44 (field 27 currently enrolled in Medicare) + 1 (field 28 Medicare application pending) + 12 (field 29 non-Medicare) = 57 (field 26 total patients)

**Please note:**
For patients without Medicare status/coverage EQRS will automatically verify field 10 of the CMS-2728 Form (Is the patient applying for ESRD Medicare coverage).

- If field 10 on the CMS-2728 Form is yes, EQRS counts the patient as Medicare application pending status (field 28) of the CMS-2744 survey
- If field 10 on the CMS-2728 Form is no, EQRS counts the patient as non-Medicare (field 29) on the CMS-2744 survey

# Error Messages: Example 1 Cont'd

**Error messages must be corrected and can not be ignored by the facilities. Surveys with outstanding errors messages will be rejected.**

Action Steps:

1. Identify which patient(s) is causing the error
2. Correct the patient(s) record in EQRS
3. Regenerate the survey to verify that the error message has been resolved (no longer appearing on the survey screen)

# Error Messages: Example 2

**Error messages must be corrected and can not be ignored by the facilities. Surveys with outstanding errors messages will be rejected.**

Example #2:
The total number of patients (field 26) must equal the sum of the patients receiving care at the beginning of the survey period (field 03) plus the additions during the survey period (fields 04A through 07B) minus the losses during the survey period (fields 08A through 13B).

**Calculation Example**:
57 (field 26 total patients) = 55 (field 03 in-center plus home patients receiving care beginning of survey period) + 4 (fields 04A through 07B additions during survey period) – 2 (fields 08A through 13B losses during survey period)

# Error Messages: Example 2 Cont'd

**Error messages must be corrected and can not be ignored by the facilities. Surveys with outstanding errors messages will be rejected.**

Action Steps (same as Example 1):

1. Identify which patient(s)s is causing the error
2. Correct the patient(s) record in EQRS
3. Regenerate the survey to verify that the error message has been resolved (no longer appearing on the survey screen)

# Error Messages: Example 3

**Error messages must be corrected and can not be ignored by the facilities. Surveys with outstanding errors messages will be rejected.**

Example #3:
The sum of number of patients aged 18-64 (field 32) and patients aged 65 and older (field 33) cannot be greater than the total number of patients (field 26). Field 32 Patients aged 18-64 or Field 33 Patients aged 65 and older is incorrect.

Action Steps (same as Examples 1 and 2):

1. Identify which patient(s)s is causing the error
2. Correct the patient(s) record in EQRS
3. Regenerate the survey to verify that the error message has been resolved (no longer appearing on the survey screen)

# For Further Information…

**Website: http://www.MyCROWNWeb.org**

**Clinical Standards and Quality (CCSQ) Service Center:**

- **Phone: 866 288-8912**
- **Email: qnetsupport-esrd@cms.hhs.gov**
- **CCSQ Support Portal: CCSQ Support Central**

**EQRS & QIP Questions: QualityNet Question & Answer Tool**

**ESRD Network Map: https://esrdncc.org/en/ESRD-network-map/**

# Disclaimer

This content was current at the time of publication and/or upload. If Medicare policy, requirements, or guidance changes following the date of posting, this content will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This content was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided in this training material and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.