

# September EQRS Stakeholder Meeting-20240917

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1h 29m 51s



**Alissa Kapke** 1:09

Good afternoon, everyone and welcome to the September 2024 EQRS stakeholder meeting.

My name is Alissa Kapke and I am the Project Director for the End Stage Renal Disease Quality Program Support contract.

And for today's presentation, my colleague Tricia Phulchand will be walking you through the upcoming changes to the CMS Medical Evidence Form, or form CMS 2728, and the Death Notification Form, or form CMS 2746.

We will be holding a Q&A session immediately following the Form 2728 presentation to address any questions you may have related to the changes for the 2728.

Then we will cover updates to the Form 2746, followed by a recap of all of the upcoming dates and deadlines and future ESRD QIP and EQRS events that will be hosted by our Quality Program Support team.

At the end of this webinar, we will also have another Q&A session just to cover any questions related to 2746 updates and any outstanding questions you may have related to the 2728.

So for submitting questions, if you would like to submit a question during the presentation, please click on the Q&A icon, which you'll see at the top of your screen.

Once you click on the Q&A icon, select 'ask a question' and then you may go ahead and type your question on the right hand side.

Now I will pass the presentation over to Tricia.

**Tricia Phulchand** 5:07

Good afternoon, everyone.

Thank you, Alissa, I appreciate your introduction. As she said, my name is Tricia Phulchand, I'm the Regional Data Manager for Quality Insights. Today, we are going to be reviewing and providing information on the new form, 2728 and 2746.

Very important, is that, the new versions of the forms are going to be released on October the 1<sup>st</sup> of 2024.

Please note, that any form that was created in EQRS and saved before that date, so that would be September 30th or earlier, will be the old form version.

Any form created in EQRS on or after October 1<sup>st</sup>, will be the new form version. So let me repeat that.

If you create a 2728 or a 2746 prior to October 1<sup>st</sup>, and it has been saved in EQRS, it will remain as the old form version. You will not lose any information. If you create a form on or after October 1st, regardless of the patient's admission date or date of death, that form will be the new form version with the updates that I will be reviewing in the following slides.

Some important information from our folks that work for DaVita and Fresenius. Please remember, that at DaVita facilities, the 2728 form is batched into EQRS.

Please wait before initiating these forms on your own and please reach out to your corporate entity for guidance. The same goes for the Fresenius facilities. But in your case both the 2728 and 2746 are batched into EQRS. Again, please wait before initiating these forms on your own, and reach out to them with any questions.

So, on November 30th of 2023, the Centers for Medicare and Medicaid Services or CMS, approved the version 2023 form CMS 2728 updates. The updated form will be able to be found on this link and in another link later in the presentation. Please note very importantly, the due dates have not changed for these forms.

The 2728 is still due within 45 days of the patient's admission to your facility.

Let me repeat that. The form due date has not changed. Any new ESRD patient currently at your facility is required to have a 2728 completed within 45 days of that patient's admission to your facility.

So, now we're going to get to the root of everything. We're going to go and search for a 2728, and I'm going to show you a comparison of the old form to the new form.

So to begin, you're going to find the patient, you're going to click on 'Search Patients' in the patient drop down, and then you're going to enter the patient's full name or Social Security number, or, if available, the patient's EQRS ID number in the appropriate fields, and you will click 'Submit'.

Once on the patient search result screen, you're going to go ahead and click on the patient's EQRS Patient ID number.

Once you are in the patient's record, please click on the Form 2728 on the left hand side of the screen.

To initiate the 2728 for all the non-Fresenius and Davita facilities, please click on 'Add Initial 2728'.

As you can notice on this slide comparison, the old version to the new version, questions 2 and 3 have been separated. So, we now have a separate space for the Medicare number and for the Social Security Number. There also has been the addition of question 7 for an alternate phone number, and question 8 has been changed to reflect your sex assigned at birth on the original birth certificate of the patient and question 9 has also been added to reflect the patient's actual gender identity. The fields for ethnicity and country area of origin have not changed from the old form, but the drop-down options for countries have been expanded on the patient screen in EQRS.

Due to the additional questions, the race question is now question #12 and the categories for Asian and Native Hawaiian or Pacific Islander, have been expanded, and the race of Middle Eastern and North African have been added. The other field names really have not changed.

The questions about applying for ESRD Medicare coverage, current medical coverage, height, weight, primary cause of renal failure and occupation, remain the same, but there have been a few additional causes of renal failure, that have been added. Please also note, under Occupational Status, 'Volunteer' has been added.

Please note that these are the three additional ICD-10 codes that have been added for the list of primary causes of renal failure.

As you can see by this side-by-side comparison, the co-morbid conditions have also been expanded to include several additional conditions and there is also a category to consider for pediatric patients. As you can see on the right-hand side of the screen.

The 'Prior to ESRD Therapy' field has been expanded for vascular access information and questions have been added about acute kidney injury in question 20e, home dialysis, in question 20f, kidney transplant, in question 20g and non-medical management of ESRD in question 20h.

The laboratory field has changed slightly, with the removal of the full lipid profile, leaving only the LDL and the addition of Cystatin C. Please note that the serum creatinine remains the only required field at this time, but of course, this can change in the future.

An extremely important change, is that you will now be able to use admission lab values if you are unable to obtain lab values within 45 days prior to the patient's date of regular chronic dialysis, in question 34. So, if you notice right there, number 21, you have the option to select prior lab values or in the second option to select admission lab values. And I'll go into a little bit more detail on the next slide.

So, let me explain to you what acceptable lab value dates are. The prior lab values are those labs that are obtained within 45 days prior to the date of regular chronic dialysis, this has not changed. This is what you have been doing for the last couple of decades. OK, the difference is now, that if you do not have prior lab values, then, and only then, can you enter labs drawn within 15 days prior to, or 15 days after the date the patient started chronic dialysis at your current facility. So, let me try to repeat that. If you have a patient that starts, let's say on September 1st of this year, you can add values. If you do not have a creatinine value 45 days prior to their chronic start date, you can use labs 15 days before that date for September 1<sup>st</sup>, let's say, August 15<sup>th</sup>, up to 15 days after, so that would be September 16<sup>th</sup>.

Please note that EQRS itself will display a warning if the lab value date is outside of that range.

And I know we are going to have several questions about that. But again, 15 days prior to your admission date and 15 days after the admission date to the facility. And that's only if you do not have lab values available 45 days prior to the chronic start date.

So, I think many of you have been a little scared of the new questions that were added to the 2728 form. But please note, that although these new questions are

visible on the PDF that you can download from the cms.gov website, responses to these questions are not required, to submit the 2728 form.

Please note, the questions in red, although visible in EQRS, will be grayed out, and cannot be answered.

The questions in black that you see on the screen, can be answered, but those responses are optional.

Again, you will not be required to submit the answers to these questions if you do not have them, in order to get the form submitted.

Please be aware that CMS has made this decision, in an effort to reduce duplication of efforts with the upcoming implementation of the QIP social determinants of health screening tool, which will go live in EQRS in January of next year.

So I wanted to show you a screenshot of what it would look like in EQRS, when you see these questions. So, if you remember the questions in red, I said would be grayed out. You can see onscreen, that those are indeed grayed out, so you do not have an option to even select them.

The questions that are not grayed out, you can answer, but again, they are not required for you to complete the 2728 form.

For section B, as you can see in the old version versus the new version, the reasons for patient not being informed about transplant options, #37, has expanded, but the only additional questions are regarding transplant, referral, patient understanding of home dialysis options in question 39, and if the patient wasn't informed of home dialysis options, question 40.

Please also note, that in question 38, if you select that a patient was connected to a transplant center, you will need to provide the referral date and the name of that transplant hospital.

In section C, there were two minor changes that were made. The CMS certification number, or CCN, has replaced the Medicare provider number in Question 43 and 46, and in question 48, they've added the options of multi-organ and paired exchange. Additionally, Transitional care unit was added as our current dialysis setting in question 50.

In section D, the term Medicare provider number, has been replaced with CMS certification number as it was in the previous section, and also, EQRS is moving away

from the term UPIN. So, if you notice in question 58, we now have NPI of the physician, and those are the only changes in Section D.

In section E, the physician identification has removed the term, as I mentioned before, UPIN, leaving NPI of physician only.

Please note, and this is a new change also with the form, we have on this form, in question 60, a spot for you to put the physician's phone number.

Please be aware that once this goes live, the facility phone number will automatically be populated in this space for you, based on the facility that has been entered as the admitting facility for this patient. So that will automatically pull for you, you will no longer need to write in a physician's phone number on the form.

In section F, the patient's signature has been expanded to include options if a patient cannot sign the form. I'll discuss the meaning of each of these options, in the next slide.

So we now have the options of, 'lost to follow-up', 'Moved out of the United States and territories' and 'expired date'. For 'lost to follow up', select this option after, and please, if you notice, I put that in bold, after several attempts to reach the patient have been made without success. These include but are not limited to, calling the patient's home and cell number, calling the patient's next of kin or an alternate emergency contact, sending a certified letter to the patient's home, requesting a 'well visit' from local Police Department, or checking local hospitals. And please, please, please, if you have a case like this, regardless of if it has to do with the 2728 form, this could be for any patient that would fit into this category. Please communicate with your local ESRD network before choosing an option of 'lost to follow-up', for a discharge reason or as that option, on the 2728 form.

For 'Moved out of the United States and territories', select this option if the patient has left the country. This may occur in cases when patients from other countries visit short-term, and then return to their homelands.

Yes, you are responsible for completing 2728 on these foreign visitors if no other 2728 form exists for that visitor.

The third expired date, you would select this option if the patient has passed away before signing the form. Please note that you will need to enter the patient's date of

death on the form itself.

And now we will open ourselves up to questions, because I know that was a lot of information.

AK

**Alissa Kapke** 21:54

Thank you, Tricia.

We did get a lot of questions, which is great.

I'm going to start trying to go in chronological order. One of the first questions we got was about getting a copy of the slides and we have posted these on the events page of mycrownweb.org. I did provide the link in the Q&A.

We can also provide it at the end of this presentation.

OK, so Tricia, if a patient needs to change their address, do I revise the original 2728 and have them re-sign or make a new 2728?

**Tricia Phulchand** 22:33

That would be absolutely not, OK.

What we need to remember, is that the 2728 is covering a point in time, so if the patient's address at that time, was the one that was submitted on the form, that is the address that would need to be on that form and remain on that form.

Okay, you can make modifications to submit a 2728 forms.

And you have a certain period of time within 60 days to do so, but many of those requests ... actually, all of those requests should be submitted through your ESRD network, and it is up to your local ESRD network policy, in order to make those changes, and approve them. But for an address, no, that would not normally be a reason for that form to be revised.

AK

**Alissa Kapke** 23:33

All right.

Next question. Is the 45-day submission deadline the same for transplant patients that have never been on dialysis?

**Tricia Phulchand** 23:45

Yes it is.

It is the same. It would be 45 days from the date that the patient was transplanted.

**AK** **Alissa Kapke** 23:56

All right.

Next question, do we still have to send them (I'm assuming, the form), to the Social Security Office?

**Tricia Phulchand** 24:06

As of right now, yes, you will need to submit that form to your local Social Security office if the patient is applying for ESRD Medicare coverage.

So if you have selected that the patient is applying, you should send that form to the local Social Security office or you can give a copy of the form, to the patient to take with them when they go in to make the application.

But if they are not applying or do not plan to apply immediately, then you do not have to send that form.

**AK** **Alissa Kapke** 24:41

Great. Thank you.

And next question, I may be able to answer this by looking at the form, but... Will E 11.22 still be an acceptable cause of renal failure?

I do see it listed on the new form under the list of primary causes of renal disease. It is listed Tricia, I don't know if you have any additional thoughts there?

**Tricia Phulchand** 25:09

No, no. If it is listed on the form, then it would be acceptable in EQRS and as an option.

**AK** **Alissa Kapke** 25:16

Great.

OK, for Questions 20a through C.

And I'm looking at those now. Those cover the 'prior to ESRD therapy'.

Do we take into account any AKI HD treatments, or is this just referring to outpatient care prior to starting hemodialysis, whether AKI or ESRD?



**Tricia Phulchand** 25:44

Well, the form... yes, you can include information about AKI, but as long as you understand that you would not complete a 2728 unless the patient was actually chronic. But if the patient was under the care of a nephrologist, a dietician or receiving any type of erythropoietin prior to initiating chronic dialysis, yes, you can include that information... for that length of time.

**AK** **Alissa Kapke** 26:15

OK.

Thank you, Tricia.

Next question: For a patient who had failed kidney transplant and dialyzed back to the clinic, do they still need to fill in a new 2728 form?

**Tricia Phulchand** 26:26

So if the patient's transplant was three years or more before them going back on dialysis, you would have to do, what they would refer to as, a re-entitlement 2728, but please understand, it is the same form, OK? You would just complete it as if everything right now, being the first chronic dialysis date, would be the date now, Okay, not anything the patient had previously.

So only if that patient's transplant...

So right now, today's September 17th, 2024, if that patient was transplanted, even on September the 15th of 2021 and came back to dialysis today, you would do a re-entitlement 2728 form.

If, however, it's less than three years, the patient would only be admitted into EQRS, (well, the same admission reason, dialysis after transplant failed), so technically, Medicare would not require a new form for the patient to be submitted.

So I hope you understood that.

So, if it's three years or more since that transplant occurred, yes, you would have to do a 2728 form, less than three years. You would not.

**AK** **Alissa Kapke** 27:54

Alright. Next question...

We do have an answer here, but we'll just confirm. Are the number 20 questions... Again, this is the 'prior to ESRD therapy' questions, are these optional?

**Tricia Phulchand** 28:08

No, they are not.

**AK** **Alissa Kapke** 28:09

OK.

**Tricia Phulchand** 28:10

Not in regard to the questions in regard to vascular access.

The care of the dietitian and nephrologist, those have been on the form previously, so those are not optional questions.

**AK** **Alissa Kapke** 28:27

Alright. And next question is about section 16, Comorbid conditions.

However, I'm looking at the form and these are now 19.

**Tricia Phulchand** 28:39

OK.

**AK** **Alissa Kapke** 28:40

So what guidelines should we use for the letter W, morbid obesity?

I'm not sure we can answer this one. This one might be something we need to take back and follow up with.

**NF** **Tricia Phulchand** 28:52

Yeah, but honestly, I would have a feeling that the doctor would actually put a note as to whether or not someone would be considered morbidly obese.

I think that there are standard guidelines available for BMI's, based on height and weight.

So I think that that's something that you can probably look up fairly easily or the doctor would probably make that, you know, add that input in regard to that question, if that helps.

**AK** **Alissa Kapke** 29:21

OK.

I'm not sure, this may have been a question right as you were presenting, so let's see if you understand the question.

Labs dated 48 days prior to chronic start date are unacceptable?

**Tricia Phulchand** 29:38

Correct.

**AK** **Alissa Kapke** 29:39

So, 48 days prior to start date OK.

**Tricia Phulchand** 29:40

It has to be within 45 days prior.

**AK** **Alissa Kapke** 29:44

Oh, got it, OK?

**Tricia Phulchand** 29:48

And I know the labs are confusing. It's going to take a little bit of time to understand that, but honestly, I would go with the, you know, the reason it was put in place, is that we were running into cases where patients were in the hospital, for some reason they couldn't get a creatinine value within that 45 days prior to chronic start date. And oftentimes, when patients came to the clinic, they had labs that were drawn the day they were admitted.

But we could not use those labs on the previous version of the form. Those labs will now be able to be used on the new version. So, if you start that form on October, the 1<sup>st</sup>, for your patient, and all you have is creatinine value that you drew that day, you can use that lab value.

You just select, 'admission lab values' and you would use that lab value. Or, if you have a value within 15 days prior to the admission, you can use that lab value as well. But please try... Yeah, go ahead, sorry Alissa.

**AK**

**Alissa Kapke** 31:00

Oh, I was just following up with the next question. I think you may have answered it.

**Alissa Kapke** 31:05

**AK** If not, let's have you provide more context, the question says;  
Or upon admission to the facility, if not on dialysis and received a transplant.  
I think this is related to labs, but if not, can you, please just re-ask the question with a little more context and we can try to answer it.

**Tricia Phulchand** 31:28

Yeah, I'm not sure I quite understood that. I apologize.

**AK** **Alissa Kapke** 31:33

OK.  
Next question, for the comorbidities, where it says, 'consider for pediatric patients', does that mean those options should only apply to the pediatric patients?

**Tricia Phulchand** 31:46

No, you should be able to select those, because it's basically for just additional items for you to consider for pediatrics. But some of those comorbid conditions do apply to adults.

So, you should be able to use those as well.

**AK** **Alissa Kapke** 32:04

All right.  
Thank you.  
Next question. Is there anything special that we will have to do for undocumented patients?

**NF** **Tricia Phulchand** 32:13

No. You would complete the form the same way you do now.  
You would be... the one thing that I do ask you to remember, to not do, is please do not make up a Social Security number or placeholder for undocumented patients. If they truly do not have a Social Security number, please leave that space blank and do not populate it with another number. And the other thing is, on the opposite end, please make sure if you have a Social Security number for a patient, that you do enter that information both in your electronic medical record and in EQRS, in the patient record and on the form.

**AK** **Alissa Kapke** 33:03

Next question I believe, is related to Section F. So, if a patient... we have a section where now, if a patient is unable to sign or mark, we have options to select, 'lost to follow-up, 'Moved out of the United States and territories', or 'expired date'. But, this question is saying, what if the patient does not wish to sign the form, or, it is inappropriate to sign the form, due to the patient having a cognitive impairment and no DPOA?

**Tricia Phulchand** 33:36

OK.

So that would mean that it's the same as it applies currently, is that the form will not be able to be submitted.

The new form is only expanded for these three options. There is not an option for patient refusal to sign the form or an inability, if there isn't the power of attorney or someone else to sign for them.

So in those cases, those forms would still... number one, you would still have the doctor sign it, but the form would remain in 'saved' status in EQRS and cannot be submitted.

**AK** **Alissa Kapke** 34:16

Alright, thank you.

We have a request to reshoot the slide with the three new codes.

Do you know which slide that is?

**Tricia Phulchand** 34:27

Yes, if you bear with me, that is on slide 18.

**Alissa Kapke** 34:35

Want to just do... maybe do a quick review of those?

**Tricia Phulchand** 34:40

Sure.

So the three additional ones you can see on screen, is E11.21, the I120.0 and U07.1.

AK

**Alissa Kapke** 35:00

Alright, and again, these slides are posted, so you can just always go back and refer to the slides on [mycrownweb.org](http://mycrownweb.org).

**Tricia Phulchand** 35:09

And Please note, that that in the future we will be working on getting a complete list of the codes, because I know that there's still a few that are in EQRS, that are not on the new published form, but they've been in existence now for the last, I think, six years, but they did not make it onto the new published form. So, I know that there is a list that is on [mycrownweb.org](http://mycrownweb.org), that we can probably, maybe add, Alissa, to this posting as well, so if they have that available, you know, so they can access that, but it didn't make it on. And as soon as we can get the full list compiled, we will send it out.

Because, I think that it was just a misprint for some of them, but these are actually, three brand new ones that were added to the form.

AK

**Alissa Kapke** 36:05

OK.

Thank you, Tricia.

Next question is again, related to the section F, 'obtain signature from patient'. Will section F be retroactive for past due 2728's?

**Tricia Phulchand** 36:07

Would you like me to be honest in my response to this, that I wish it could?

But it cannot. Again, it's only for those forms that are started after October the 1<sup>st</sup>, that the new version of the form will go into play.

So, that's the only time, for the new version of the form, the after October the 1<sup>st</sup>, you will be able to choose one of those three options, if the patient's unable to sign the form.

So, I wish I could tell you that it was different, but no. It is the case where we have to, just based on the new version, anybody that you start after October the 1<sup>st</sup> or you start a form for after October the 1<sup>st</sup>, can you apply those three options.

**AK** **Alissa Kapke** 37:10  
Alright. Thanks, Tricia.

**Tricia Phulchand** 37:12  
You're welcome.

**AK** **Alissa Kapke** 37:14  
Yeah, I'm just scrolling through. We have a lot of questions.  
There is a question, OK. So, if we have an older, outstanding form outstanding and attempted to reach a patient several times, etcetera, do we now go back and use this new form?  
And I believe that answer is no. If you've started the old form, you stick with the old form.  
Is that right?

**Tricia Phulchand** 37:38  
Yeah, the form would just remain in 'saved' status in EQRS.  
There has not been direction from CMS to have us go back and remove old forms and start over again.  
But also remember, there are, you know, some newer things that need to be answered on those forms. So you may be stuck in the same situation, especially with a few of those questions that are right after questions like 20e, f, g and h, that you may not be able to ask the patient any longer, because they're not there. So just... we'll stick to whatever's existing right now.  
You know, unless the patient, like started this minute, today, then just wait until October 1st to start the form.  
But really, we wouldn't be going...we're not under advisement to go back and remove old forms and start them over again.

**Alissa Kapke** 38:34

**AK** OK, Section A, is that optional and not mandatory?  
That is, questions 1 through 29. Are these all mandatory?

**Tricia Phulchand** 38:48  
In section A?

**Alissa Kapke**

Yes.

**Tricia Phulchand**

The only... So, in Section A, the only question that's optional, is question #9, which is, how the patient would currently describe themselves, in regard to gender.

So that is the only question that is optional, right now.

And that's in questions 1 through 18.

And then we have the comorbid questions after that, and the 'prior to ESRD' questions. So, in questions 'prior to ESRD therapy,' I do believe that a couple of the questions after the access, are optional right now, but I would really encourage that these be answered, because they're all things that do relate to questions that actually, already existed on the 2728 form previously, just in a section, a little further down on the form.

**AK** **Alissa Kapke** 39:57

Alright.

One question here. How long should we wait to see if the 2728 is completed and batched into EQRS?

**Tricia Phulchand** 40:08

I would really like you to communicate with your corporate entities in regard to that. That's not a question that I can actually answer for them.

It depends on what your individual corporate policies are and what they have actually educated their facilities on doing. So, I would like you to just communicate with them.

I know they each have a different help desk for you to contact.

**AK** **Alissa Kapke** 40:37

OK.

Here's a question about how you send in the form.

Can you mail that form or via fax to the Social Security Office?



**Tricia Phulchand** 40:49

Right now, as far as I'm aware, those forms should be mailed into the local office or, as I mentioned earlier in the presentation, if the patient is going in to apply in person, then they can take... you can give them the form to take with them.

**AK** **Alissa Kapke** 41:10

Are you still required to use blue ink to sign the 2728 form?

**Tricia Phulchand** 41:20

No, you are not. Any 'wet ink', as I think it's referred to on the instructions on the new form, can be used, so it can be black or blue.

**AK** **Alissa Kapke** 41:38

OK, we do have a question about somebody traveling to the United States from Brazil.

It is her first time in the USA.

Do I need to submit the form for this patient?

**Tricia Phulchand** 41:50

Yes you do. If the patient is new to our ESRD system, for EQRS, the patient must have a 2728 form.

If the patient comes with labs too, that would be fantastic, because then you can actually use a better, date of first, chronic dialysis', If they come with a creatinine value.

But yes, you are responsible for completing a 2728 form for any foreign visitor, regardless of the length of time that they are staying with you at your facility.

So even if they're coming for three treatments, two treatments, one treatment, the form should be completed.

**AK** **Alissa Kapke** 42:36

OK. And if a patient changes their name legally, what documents do they need to use to change the name in EQRS?

**Tricia Phulchand** 42:49

To change the name in EQRS, or change the name on the form?

**AK** **Alissa Kapke** 42:53

This says, in EQRS.

**Tricia Phulchand** 42:55

To change the name in EQRS, yeah, it's simple enough to communicate with their facility itself and the facility can change their name in EQRS on the patient screen, with whatever documentation the facility may require. On the 2728, again, unless there is a major issue with the ESRD Medicare coverage, normally that name would remain the same.

Now of course, I'm thinking more along the lines of patients that get married, that have a change in last name, or a divorce, as opposed to a complete name change. You know, in that idea.

But right now, I would think that it would just be, you know, my thinking is a married name or a divorce name.

We would not be changing that name because of anything... unless they go into Social Security, and they're being given a hard time by Social Security, in regard to their coverage, the name would not be changed on the form. But in EQRS, at any time there was a slight misspelling or, what I always like to do is explain to facilities that they really should use a patients correct legal name, for example, you know your patient as Johnny, but Johnny's real name is Jonathan. If Jonathan is the patient's legal name, that's the name that should go into EQRS, and that's the name that should go on the 2728. But as I said, when I think about making changes to a form itself, it's more along the lines of a married or divorced person.

But yes, it can be changed in EQRS, and pretty easily by the dialysis facility itself.

**AK** **Alissa Kapke** 44:47

Now this goes back to section A. I just wanted to confirm here.

The question is, are the Medicare number and Social Security number both required now or is just one or the other? It sounds like they are both required. Is that correct?

**Tricia Phulchand** 45:03

Well, they are if the patient does not have a Medicare number or does not legally have a Social Security number as noted in patients that are not U.S. citizens or undocumented, those fields would remain blank. OK. So, what I would advise, if they do not legally have a Social Security number or Medicare number, those fields would remain blank. If they do legally have a Social Security number and Medicare number. Then those fields can be populated on the 2728 form.

**AK** **Alissa Kapke** 45:43

Okay, Thank you.

If a patient is not applying for Medicare or does not have Medicare, do I still need a new 2728 for a patient who just got a new transplant? Patient already has an initial 2728 and re-entitlement, restart dialysis 2728 done.

**Tricia Phulchand** 46:06

So, the patient was on dialysis, had a transplant, the transplant failed, and they had another transplant, and came back to dialysis? Is that how I'm hearing that? Could you re-read that, Alissa, I'm sorry.

**AK** **Alissa Kapke** 46:23

Yeah, it sounds like they had a transplant and then restart dialysis.

**Tricia Phulchand** 46:31

Yeah, if they already have a form in the system and it's been three years since the transplant, they would still need another form.

So the thing is, the reasoning for the submission of the forms, has to do with the ESRD Medicare coverage.

So when a patient starts dialysis, brand new, we do the initial 2728 form and that, after X amount of time, or their modality would trigger the ability for them to get the ESRD Medicare coverage. If they are transplanted, the Medicare coverage remains in place for three years after the transplant, so if it's been more than three years since the transplant, that is why it's required to do another 2728 form.

So again, I'm trying to understand the question again.

If, for some reason they are, they go on dialysis again, they get the ESRD Medicare coverage again, they're transplanted again, and then there is a failure, three, four, five, six, seven years down the road, If they don't have that ESRD Medicare coverage,

you could do another 2728, a re-entitlement form.

So I'm really hoping I answered that correctly, because I was a little confused by it.

**AK** **Alissa Kapke** 47:55

Yeah.

It sounds like they're saying, that the patient is not applying for Medicare or did not have Medicare.

**Tricia Phulchand** 48:04

They still need to do the form, they still would do the form, because it would give them the ability to have that coverage, when they are ready to have that coverage.

I hope that answered the question.

I apologize.

**AK** **Alissa Kapke** 48:22

OK, is DocuSign an acceptable software for obtaining signatures on the 2728?

If not, are there acceptable software for E-signature?

**Tricia Phulchand** 48:31

I cannot...

**AK** **Alissa Kapke** 48:33

Yeah, I don't think we can answer that.

**Tricia Phulchand** 48:34

We cannot answer that question at this time.

We do not have any guidance from CMS in regard to electronic signatures as yet.

**AK** **Alissa Kapke** 48:37

OK.

So I would recommend...

**Tricia Phulchand** 48:44

And I said, as yet, which means that, it is coming, but we do not know when that will be and what would be the accepted way to submit those signatures.

**AK** **Alissa Kapke** 48:58

So we... you could submit that through the helpdesk, but it sounds like at this time, we would not recommend using DocuSign.  
Is that correct?

**Tricia Phulchand** 49:12

I think right now on the form it says the only acceptable signature, would be that 'wet' signature, on the instructions.

**Alissa Kapke** 49:24

Alright. Will the old 2728 form still be accessible in EQRS?

**Tricia Phulchand** 49:33

Any form that... well, any form that, as I mentioned, was started and saved in the system, prior to October, the 1<sup>st</sup>, will still be accessible. And I'm not sure if this is meaning to, any form that was submitted previously.

As far as I'm aware, we have not been told that you would not be able to access a submitted form later on. So right now I would say yes, they will still be available in EQRS, but if you start a new form for a patient, after October, the 1<sup>st</sup>, it would be that new version and not the not the old version.

**AK** **Alissa Kapke** 50:15

OK, we do have a few questions about the changes to the labs.

So, if the labs were the day before the admission, would you choose admission lab or previous lab option?

**Tricia Phulchand** 50:26

Admission lab.

And I know that's confusing, but yeah, that's what you would choose, the admission lab. By choosing the admission lab, it opens up that window of the 15 days prior to the admission date, and 15 days after the admission date.

**AK** **Alissa Kapke** 50:37

And then there was another question.

Is there a preference on which lab values we should use, the admission or the pre-admission lab values?

**Tricia Phulchand** 50:56

Well, not the pre-admission, but the prior.

The preference would be, 'the prior to chronic start' creatinine value, for the patient. Because as many of the clinical people, that may be on this call, are aware, that once the patient starts dialysis, it can affect the creatinine value, so the preferable one, and I think I mentioned it in the presentation, if and only if you do not have that creatinine value within 45 days prior to the chronic start date, then use the admission lab value.

So please yeah, preference would be the one prior to.

**AK** **Alissa Kapke** 51:41

Alright, Thank you. For Questions 34 and 35. These are, 'the date the regular chronic dialysis began'. And then, 35 is 'the date patient started chronic dialysis at current facility'. When would these dates differ?

Do hospital reports need to mention an ESRD diagnosis for treatments received in the hospital to count for line 34?

**Tricia Phulchand** 52:06

OK, so normally what would happen is, if the patient is in the hospital and they're under the care of a nephrologist and they initiate dialysis, there would normally be a note from the nephrologist stating that, this patient is end stage, they're in chronic renal failure, you know, and then as of that date, would be considered the chronic start date for that patient.

So that chronic start date can start in a hospital, versus the date at the facility, which would be the date they finally get admitted to an outpatient dialysis facility.

So those are the times when those dates can be different.

**AK** **Alissa Kapke** 52:50

Alright, thank you.

I am seeing some questions about, how to access the form? I'm trying to reply to some of these, and provide you the link. It is available on [cms.gov](https://www.cms.gov).

**Tricia Phulchand** 53:06

Honestly, if you go into Google and search CMS 2728, usually the first option to come up, is the Centers for Medicare Medicaid Services.

That would be the one for you to go, and you can open up and take a look at the new form, but also the link is going to be available on the slide deck, that will be posted to mycrownweb.org... and the same for the 2746.

If you look up CMS 2746 you should see a cms.gov link in Google, and you'll be able to open up and take a look at that form as well.

**AK** **Alissa Kapke** 53:46

OK.

There are some follow-up questions about the electronic signatures. They have been submitting them with the electronic signatures with the new form. Will it no longer accept the electronic signatures?

Or is that something we need to follow up on Tricia?

**Tricia Phulchand** 54:01

We, again, we do not have any guidance from CMS in regard to electronic signatures.

**AK** **Alissa Kapke** 54:07

OK.

**Tricia Phulchand** 54:08

So, that you know... we can look into that, but if they have been submitting them so far, you know, I don't know how they've reached out to CMS to confirm that they could use electronic signatures prior to, but right now, we don't have the guidance to elaborate any more, as to what the plan is for the electronic signatures.

**AK** **Alissa Kapke** 54:31

Alright, we've gotten to a lot of the questions, but I think any questions... let me just check a few.

So, I think there are some questions about, you know, what happens if I had a form in 'save', the patient isn't signing it, what should I do?

Do we have any advice there?

**Tricia Phulchand** 54:58

Is that where a patient isn't signing it because they're refusing to sign the form, and if that's still the case, then the form would have to remain in saved status.

**AK** **Alissa Kapke** 55:03

Yes.

**Tricia Phulchand** 55:06

There is no way to submit that form.

I still do recommend however, you have the doctor sign the form and the rest of the form be complete as possible... Well, no, just be complete.

Have everything else completed on the form. There have been occasions later on, where a patient has chosen, because they need the Medicare coverage, and they need to see a copy of that form, that they have then, later on, months later, decided to sign, but if they are refusing, absolutely refusing, we cannot submit the form, because we don't have their permission to submit that form on their behalf. So, it would have to stay in saved status.

**AK** **Alissa Kapke** 55:45

Okay, and they should not then switch to the new form?

That's another question we're getting... since they've already started the old form, they just keep it in the old form?

**Tricia Phulchand** 55:51

Yeah, they should keep it in the old form.

**AK** **Alissa Kapke** 55:58

OK.

Well, thank you all for these great questions.

I think we should move on to the upcoming changes for the 2746. So I'll hand it back to you, Tricia.

**Tricia Phulchand** 56:11

Sure. Thank you so much, Alissa, I appreciate it, and I really hope that we addressed most of your concerns and questions here.



We will have some more time to answer more questions once we finish this, the next X number of slides. So compared to the 2728, 2746 did not have that many changes to it. So, this is going to go relatively quickly.

The updated CMS 2746, with the instructions, could be found on this link and as I said, that will be available on the slide deck.

Or as I said, if you just go into Google and search for CMS 2728 or CMS 2746, you will be able to pull up the new form versions.

So again, emphasizing the fact, the due dates have not changed for the forms, this includes your death notice. The 2746 is still due within 14 days of the patient's date of death.

So let's get started, to searching for the patient. So, on this screen, you're going to click 'search patients', and then on the next screen, you're going to enter in, as I mentioned before, either the patient's full name or Social Security number or if you have it, the EQRS ID number, and then click submit.

On the patient search result screen, you're going to click on that EQRS patient ID number.

And then once you are in the patient's records, you're gonna go ahead and click on form 2746 on the bottom left-hand side of the screen.

OK.

So here again, side by side comparisons of the old form versus the new.

The fields for the Medicare number and Social Security number, just like the 2728 form, have been separated into two fields.

So Question 2 now has Medicare number, if available.

Question 3 now has Social Security number.

Number 5 has replaced patient sex, and is now renamed as 'sex assigned at birth, as noted on the patient's birth certificate'.

Now again, similar to what happened with the 2728, Question number 6, asking about patient's gender identification.

This is also an optional field, but please also realize with the 2746 form, a lot of this information is going to populate from the patient's record that currently exists in EQRS, so that should fill in most of the top of this form.

Please note the date of death, place of death and modality at time of death have not changed.

And the only thing on this section that we're noting, is the provider name has now been reworded as, 'Name of dialysis facility/transplant center', in question 11. Question 12 is now, 'CMS Certification Number', as opposed to provider number. And please also note that there were two official additions to the 'Cause of death'. COVID-19 has finally made it onto the actual printed form, although it was added in EQRS back in 2020, it is now listed on the 2746 form as a cause of death, and they have also added #106, which is severe adverse medication reaction and on the next slide it is a side by side comparison of the causes of death and as you can see in the red box, you have #105 for COVID-19 and #106 for severe adverse medication reaction.

All of the other causes of death have remained the same.

So the first question related to discontinuation of treatment has not changed, but the second has added the option that yes, the discontinuation was related to Hospice care.

So again, that's the only thing that's really changed in these couple of questions. Yes, as you can notice, the questions did advance now to questions 15 and 16, as opposed to 12 and 13 before.

But now if you notice, question 16, 'If yes, check here if related to hospice care'. On the new form version #17, the questions regarding transplant have changed slightly in wording, and you will need to answer whether or not they received a transplant. The options to note multi-organ and paired exchange transplants were also added for the type of transplant received. Additionally, a question was added to ask if the patient experienced a short-term course of dialysis post-transplant prior to death.

In question 18, the question has been reworded to add palliative care.

And in regard to the physician information, the wording has now changed slightly from, 'Name of physician', to 'Name of attending physician' and the signature of person completing this form is now, 'Name of person submitting the form'.

And that is really about it for our 2746 forms, and at the end of the call, you can please ask any questions in regard to that.

But I am going to have Alissa review our upcoming features and events, and I appreciate your attention and pass it back to you, Alissa.



Alright, thank you, Tricia.

And as Tricia mentioned, the most current event happening, is the updates to the 2728 and 2746, and those are going to be released on October 1st.

We also have some other changes coming to EQRS, but they, you know, and that'll be covered in some of our upcoming presentations, including this new medical personnel module.

So we do provide some links to the new form versions here as well. So, I gave some people in the chat the links, but you can also get the links if you download our slides and click on the CMS 2728 or 2746, to see the form.

Just a reminder for the upcoming clinical data submission deadlines in EQRS, we are approaching the July reporting deadline and that is due at the end of this month. So, just less than two weeks, on September 30th.

Please ensure you submit your July data.

Then, we do have some annual QIP measures, you can be submitting the data now for the assessment period of 2024, and all patient's data must be submitted by March 3rd.

And same with the ICH CAHPS attestation, that is due by March 3rd of 2025.

For the attestation year of 2024 and, the Facility Commitment to Health Equity attestations are also due on the March 3rd deadline.

Here's a reminder of the NHSN deadlines.

We are approaching Quarter 2 deadline, which is April through June, that is due September 30th.

So please ensure you get all of your NHSN dialysis event data in for Quarter 2, by that deadline.

Just some additional links here for you.

You can access the deadlines using this link as a reminder, and then we do have some additional, supplemental materials. We have data management guidelines and the ESRD QIP Successful Reporting Guide, the link to that is provided here.

Right now, back to questions... I did see some come in about the 2746, so I'd like to

cover those first and then we can see if there's any remaining 2728 questions.  
Tricia, there are a couple questions, just about, when you have to report the date of death, it says the 2746 is due within 14 days of the date of death, but the question is, could it also be within 14 days of the day they find out about the death?

**Tricia Phulchand** 1:05:06

No, I'm sorry, it is not. This rough, two-week due date has been in existence for, oh gosh, as long as I've been with the network, which is 23 years.

So they have not extended that. So... and I do understand that sometimes you don't find out about the patient passing away, but, CMS does want that death notice, or 2746 submitted within 14 days of the date to death.

I wish I could say it was different, but it is within 14 days of the actual date of death, not you being notified of it.

**AK** **Alissa Kapke** 1:05:47

All right. We have a question here that may have to be taken back to our EQRS portal team. On the 2746 form, will field 11C, which is, 'If cause is other, please specify', will this free text field be expanded to accommodate more characters? I don't think we can answer that, but we could take that back to the team.

**Tricia Phulchand** 1:06:15

And this is for which question.

I'm sorry, 11, was it?

**AK** **Alissa Kapke** 1:06:18

It is for the cause, specify the cause of death.

**Tricia Phulchand** 1:06:23

Well, the cause has to be a code.

So when you specify... when you put 98, there should be enough space.

**AK** **Alissa Kapke** 1:06:27

Oh, it's. I'm sorry, if cause is other.

**Tricia Phulchand** 1:06:32

So they're asking about the character limitations in EQRS itself?

**Alissa Kapke**

Correct

**Tricia Phulchand**

OK, that I would have to take back and find out for them, if they wouldn't...

I don't know if we can record that question and get back to them, or if they would be willing to submit a ticket on the online tool and then we can find out from the coders themselves.

I apologize, I don't know that answer.

**AK** **Alissa Kapke** 1:06:59

Alright... And, are 2746's accepted outside of the 14-day window?

**Tricia Phulchand** 1:07:08

Yes, they will always be accepted, but they're encouraged to have them in the 14-day window.

But yes, you can submit them late, but we would prefer that you didn't.

So please try to get them in within 14 days. if at all possible.

**AK** **Alissa Kapke** 1:07:28

OK.

Just some more questions about the 14 days, and I think that answer is, just you know, do your best to get it in within that 14-day window.

We do have some more questions, we have a little bit of time so, we might be able to shift back to a few of the questions about the 2728.

When will the physician sign the recertification line on the 2728 form?

I have a re-entitlement form, and my physician signed on the recertification signature instead of the signature line.

Is that a matter of just having them go back and correct it? Or what would you recommend they do? Tricia?

**Tricia Phulchand** 1:08:15

Yeah. If they signed it in the wrong place, they really need to sign it on the correct line for the date of the signature.

So if they, I mean, I know it is a signature on the form itself, but it really should be signed in the correct spot.

So, that's answering one, the other was, when would they actually do that?

Is that correct?

Was the second question?

**AK** **Alissa Kapke** 1:08:39

I... When will the physician sign the ...

Yeah, I think so.

**Tricia Phulchand** 1:08:47

The recertification?

**AK** **Alissa Kapke** 1:08:48

Yes.

**Tricia Phulchand** 1:08:49

Yeah. So, there are times where SSA may ask for 2728 form when technically the EQRS system is not requiring a form to be done. So, in those cases, a note can be written by the doctor and signed in that re-verification spot on the form itself.

That usually happens few and far between, but normally again, it has to do more with SSA requiring a form that really is not technically required by the system, but they want one. Some of the SSA offices will accept that.

Just, so for example, here's an example that a patient was on dialysis before and was transplanted. The transplant failed.

It was less than three years, so technically, another form is not required, but the patient goes back to SSA and was like, you know, they want to apply for coverage, and they're saying, well, you need a new 2728 form.

So there are some SSA offices that will take a note from the doctor in that space stating that, 'this patient received a transplant on such and such a date, they're returning to dialysis, you know, with an X amount of time since that transplant was

done, and then they sign that re-verification spot.

So that's an example of when it can happen.

Sometimes, honestly, SSA still pushes to have a form done, and in those occasions, I just encourage the facility, because we want what's best for the patient, and although the system is not asking for a form, I just say listen, we want to get the patient help, just fill out a form on paper, and have the doctor sign to verify that the information is correct. But normally, some of them will say that re-verification, basically stating that the patient's chronic start date was still the original date, although they were transplanted, and they would sign off on that form.

So I hope that answers the question for them.

**AK** **Alissa Kapke** 1:10:57

Thank you, Tricia.

There are some questions... more questions about when they should or if they should submit the 2746.

So one question... I work in transplant, and sometimes I don't find out a patient has died until two years later.

Should I complete a 2746?

**Tricia Phulchand** 1:11:16

Yes, you could still complete the 2746. If you do find out that later on, that the patient has passed away, but I would recommend you touching base with your ESRD network and having them provide a little bit more guidance on that.

But it can be submitted.

Bottom line is, yes, it can be, but I would also reach out to your local ESRD network.

**AK** **Alissa Kapke** 1:11:41

OK. And can they submit the 2746 without a date of last dialysis?

**Tricia Phulchand** 1:11:49

If they have selected that the patient chose to discontinue dialysis, you have to put a date as to what the last treatment was for that patient.

**AK** **Alissa Kapke** 1:12:01

And if they don't know the date, what would be the recommendation if they don't know the date?

**Tricia Phulchand** 1:12:01

So yes, you would need to put a date.

Well, if the patient's discontinuing with them, then they would have the last treatment date on record at the clinic. So that would be the date that they could use.

**AK** **Alissa Kapke** 1:12:16

OK.

Okay, and then, this is related to the dashboard. I see I have a past due 2746 on my dashboard, from whom is EQRS obtaining the death notification?

I don't know if you have the answer to that one.

**Tricia Phulchand** 1:12:34

Well, it's not that they're receiving the death notification, because they're asking you to complete it but CMS wasn't notified of the patient's death.

Although, you may not have been aware of it, they were notified of the patient's death. In many cases, and this is from personal experience, sadly, is that I know that many funeral homes do submit the information depending on the patient's age or whatnot or person's age, do submit to Medicare or SSA that a patient has passed away, or that a person has passed away, so they submit a date of death. Or the family may have done that as well, would submit to anyone, any type of an organization, and now CMS has been made aware that the patient has died, so that date of death would populate in EQRS, and then it would ask you to complete that death notice, especially, if it's within the 30-day period of the patient being treated with you. So either, if you don't have a discharge date on the patient, and the patient has passed, that somehow CMS was notified, or even your corporate folks may have found out something and been able to batch in a date of death on that patient, it would come up that the form would be needed or required.

**AK** **Alissa Kapke** 1:13:55

Alright, Thank you.

We do have a question about a patient leaving to go to Hospice care... If the patient



left your facility and is going to Hospice, how long do you still have to follow the patient to do the 2746?

**Tricia Phulchand** 1:14:11

You are required to follow a patient for 30 days.

So, if you have a patient that is hospitalized, goes to long-term care facility, or chooses to discontinue dialysis or goes on Hospice, you are required to follow them for 30 days. If the patient passes away within that 30-day period, you would complete that death notice for that patient. So, and I know that a lot of people are like, Oh my gosh, how am I supposed to do that?

I know it was a long time ago, but I was on the same side of things way back when, and if I had a patient that said they would discontinue, and going on Hospice, I was close to all the family members, all the family and stuff. So It's like, listen, I'm just going to check in with you, you know, from time to time, to see how Dad's doing or Mom's doing or your brother's doing, or whatever it is, whomever it is.

And then once I find out what the date of death is, I go ahead, and I would do that, and then I would submit the death notice.

I almost made it a weekly thing for some of the patients that I was dealing with, in my clinic at the time.

**AK** **Alissa Kapke** 1:15:23

We do have a few follow-up questions. So, this is related to, if a patient had... they found out about the death two years later, would we need to fill out a 2746 two years after the patient died and was no longer our patient after the transplant. Or, are we talking about transplant having to complete 2746 after a patient died.

Not sure I understand the question. So, in what scenario would they only need to fill it out, if they were the last treating facility?

**Tricia Phulchand** 1:16:02

So, are we talking about transplant or dialysis facility here?

So transplant, you know, I know that some networks have different requirements for transplant facilities, in regard to filling out death notices, OK.

Some may have a... and again, that's why I recommended that they check with the local ESRD network, if it's within a couple years, I would still encourage that you go ahead and submit the death notice, but that's for me and my ESRD network.

I cannot speak for the other ESRD networks. If it's in regard to a dialysis facility, if it's been two years, you do not have to complete that death notice, okay, because technically, that patient, you know, wasn't... the guidance right now from CMS is, if you track them for 30 days, if they're at a dialysis facility. For transplant, it's a little bit longer.

I know that doesn't seem fair, but again, I would refer you to your local ESRD network to discuss it with them.

**AK** **Alissa Kapke** 1:17:04

Thank you.

And then we have a follow-up question about, whether you can submit the 2746 without the date of last treatment. If the patient's family stopped dialysis on the patient while hospitalized, can you still submit the form without the date of last treatment?

**Tricia Phulchand** 1:17:20

No, you need a date. You need a date.

Yeah, you do need a date. And honestly, in that case, I don't think it's that stringent right now in regard to that, so if you did not have that date available, you could still use the last treatment date at your facility, for that patient, before they were hospitalized.

Because it's still, remember, you're still only tracking them for 30 days, so it would be within a short amount of time if they chose to discontinue in the hospital.

**AK** **Alissa Kapke** 1:17:56

Okay, and then we have a question... Where does the 2746 get sent?

Where does it go after they complete it?

**Tricia Phulchand** 1:18:05

Nope, they're just going to submit it in EQRS and whatever the policy is for your documentation policy for your facility would print, and basically keep that with the patient's record, that eventually goes off to Iron Mountain or whoever your off-site storage company would be for patients.

But it does not get mailed to Social Security or anything like that.

**AK** **Alissa Kapke** 1:18:33

OK. And we have a question about acute settings. Are the acute settings required to complete the 2728 and 2746 for patients in acute setting?

I think...

**Tricia Phulchand** 1:18:50

So for a cute setting...

So, if you do not have an ESRD Medicare provider number, and you are not a certified outpatient dialysis unit, you would not be completing those forms.

So I hope that answers the question.

I mean, if of course, if they're in the hospital, and again, a patient dies within 30 days, that dialysis unit, that last treated that patient, would be responsible for completing the form.

But technically, if they are #1, in acute renal failure, or #2, at a facility that does not have a certification number, they would not be completing the forms.

**AK** **Alissa Kapke** 1:19:37

Okay, thank you. Follow-up question about what happens after the 30-day follow-up period.

Who would fill out the 2746 after this time? In the past, when a patient would withdraw from dialysis, our clinic would still fill out the 2746 after 30 days.

**Tricia Phulchand** 1:19:55

It is not a requirement by CMS at this time.

You can still notify us if the patient has passed away, we'd be happy to enter in that date to death into the patient's record, but the form is not needed to be completed.

**AK** **Alissa Kapke** 1:20:16

OK. And do you see one question going back to the lab values for the 2728?

Can you clarify this for me? In Box #21, are the admission lab values considered the labs, when patient admits to our center? Or could these be from the hospital admission?

Would those labs from hospital admissions be considered prior labs?

Are you able to answer that or should we follow up?  
I think, Tricia, we're having trouble hearing you.

**Tricia Phulchand** 1:20:57

You can...

**AK** **Alissa Kapke** 1:21:04

We may have lost...

**Tricia Phulchand** 1:21:04

Could you repeat that for me please?

Alissa, I'm sorry.

**AK** **Alissa Kapke** 1:21:06

Yes, I can. So...

**Tricia Phulchand** 1:21:08

So if they do have values from the hospital, if the lab values are for within 45 days prior to the chronic start date, then they would be the prior lab values.

OK.

But if they were still hospitalized up to when they got released from the hospital, went straight to the dialysis clinic, but yet, they didn't have lab values 45 days prior, they could use lab values within 15 days, prior to the admission date. At the clinic itself.

**AK** **Alissa Kapke** 1:21:38

And these can come from the hospital admission? That, I think is the question, can they use the hospital labs?

**Tricia Phulchand** 1:21:39

Yeah, yep, they can. They can.

Okay, and also, I do have a follow-up, because luckily, it's lovely, technology's fantastic. I was messaging one of the coders for the 2746, and I know someone asked about the field length for the other category, for number 98, on the 2746. It

has a 75, maximum characters, so hopefully you won't go beyond 75 letters. So that goes back to the person that had asked that question previously.

**AK** **Alissa Kapke** 1:22:22

OK, and it sounds like there's no plans, at this time, to make that any larger? I think that might have been the question.

**Tricia Phulchand** 1:22:29

No, I mean, I don't see as a need for it to be larger than that, unless you know, there's a long explanation, but usually it's... 'Other,' would be just one simple reason for a cause of death.

But no, there is not any plan at this time, that we're aware of.

**AK** **Alissa Kapke** 1:22:56

OK.

I'm just reading through, so we're still getting questions.

I saw one question, about... Is there a way to get additional feedback, once the new forms go into effect? Which is October 1st. And, there's still questions on filling out the 2728.

I can start that off.

We are planning on... We are going to, you know, see how things go, if we're getting, of course, you know, once you're off this call and you think of more questions, you do have the option to use the ServiceNow tool to submit questions, and we can research your questions and provide answers. If we are getting a lot of questions, we do plan on utilizing another one of these monthly, stakeholder calls to, you know, maybe cover some of the frequently asked questions and allow for more question and answer, you know, back and forth, like we're doing right now.

But, we wanted to see, you know, how things go with the rollout.

Tricia, anything to add there?

**Tricia Phulchand** 1:24:10

No, I don't have anything to add... and I don't wanna put this pressure on the ESRD networks.

I have a feeling that they are going to get a ton of questions in. But please, you know, refer to this presentation and the questions that were asked.

Do put in your helpdesk, ticket inquiry questions, and honestly, it's not as bad as it seems. I'm just being very honest with you, when I first saw the form, I was terrified, about a year ago, and now that I have gotten in, and I've looked at it, and I understand that some things are optional, or not required, especially with all the social determinative health questions, it really isn't as bad as it seems. Once you get in there, and start working with it, it should go pretty smoothly.

I know the lab section is very confusing.

My thing is, this is my rule of thumb on that, it has not changed in regard to prior lab values. I know that the other part is throwing a lot of people, but for twenty, some odd years, it has been a creatinine value within 45 days prior to the chronic start date, only if you don't have that value, will you even look at the admission lab value date. And in that case too, it can just be simply, the lab that you drew that day that the patient started at your clinic, OK, we don't have to make it more difficult than that, but the system does allow for some leverage now, in regard to it. But please, submit questions, we will answer them as promptly as possible for you.

I really hope that we addressed most that everyone had to ask today. We appreciate you working with us, and being patient with us in answering these questions, and I am hoping that you got something out of the call today.

So I do thank you so much for your time.

And thank you, Alissa, for reading everything to me, as I couldn't see them.

**AK** Alissa Kapke 1:26:20

We really... I think everyone, I speak for everyone, we appreciate your expertise and your patience with all of the questions, Tricia. And we will be going through the questions that we didn't answer, and providing answers to those as well, but as Tricia said, you know, go ahead and submit additional questions through the ServiceNow tool.

And with that, I think, you know, it's been great seeing all these questions, and we really appreciate everyone joining us today.

So, I think we'll close out the presentation now, and thank you everyone, and we'll see you next month.