



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

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### **ESRD Quality Programs Support (ESRD QPS)**

#### **Question and Answer Summary Document:**

#### **Forms CMS-2728 and CMS-2746**

This document is based on questions asked and answered during the November 19, 2024, Monthly EQRS Stakeholder Meeting. Event slides as well as an event recording and transcript are available on the events page of the MyCROWNWeb website at: <https://mycrownweb.org/events/>.

Form CMS-2728 is available on the CMS.gov website at: <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms2728.pdf>.

Form CMS-2746 is available on the CMS.gov website at: <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms2746.pdf>.

Additional questions can be asked using the QualityNet Help Desk:

- By email at [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov).
- With an Online Ticket submission at [https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central).

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**DISCLAIMER:** The responses provided in this document reflect answers that were current and accurate as of the date on which the event referenced above occurred. Subsequent to the event, questions and answers were compiled and edited for clarity and completeness. We recommend that this question-and-answer document be relied on for the clearest answers to questions posed during the event.

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and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Questions and responses are arranged in the sections noted below:

[Questions about Form CMS-2728 Submissions](#)

[Questions about Form CMS-2728 Entries \(in sequential order\)](#)

[Questions about Form CMS-2746 Entries \(in sequential order\)](#)

## **Questions about Form CMS-2728 Submissions**

### **Question 1. Should all Form CMS-2728s be mailed to the Social Security office?**

Forms should only be mailed if the patient is planning to apply for additional ESRD Medicare benefits. Benefits limited to Medicare Part A are automatically received by anyone eligible for Medicare. But if the patient is applying for Part B benefits available to ESRD patients who are US citizens, then the form CMS-2728 should be mailed to the local Social Security office. If the patient is not a US citizen or is not requesting Part B benefits, then the form does not need to be sent to Social Security.

### **Question 2. Social Security Offices are giving patients the new Form CMS-2728 to be filled out for patients who have been dialyzing prior to the October 1, 2024, changes. Will Social Security still honor the old Form CMS-2728?**

They should still honor the old Form CMS-2728. However, if a Social Security office is not willing to accept the old form, we should try to do what is best for the patient. If the patient is unable to apply for additional ESRD Medicare benefits without completing the new form, you can complete the new form just to assist the patient.

### **Question 3. We keep receiving errors once we try to export the Form CMS-2728 from our EMR. Should we contact our organization's IT department about the error, or should we contact the ESRD Network?**

You should contact your IT department. The ESRD Network cannot assist with batch submissions or any kind of issues with XML files that were not sent appropriately.

### **Question 4. What should we do if a patient refused to sign their Form CMS-2728 and then did not show up at the facility? The patient was never transferred to any facility, so the Form CMS-2728 is now pending in EQRS.**

Currently, there is nothing you can do about this. The form will have to remain in saved status. However, complete the form to the best of your

ability with the information you have available to you. Then have the physician sign the form so that if the patient does choose to return and sign the form, it will be ready to go into the system. You do not have to do more digging to get additional information. But right now, there is no ability to submit a form for a patient who refuses to sign.

**Question 5. One of our patients had a transplant earlier this year and the hospital never updated the Form CMS-2728. The kidney transplant failed, and the patient resumed dialysis. Does the patient require a new or changed Form CMS-2728?**

If it has been three years or more since the transplant, then the new dialysis facility that is dialyzing the patient would be responsible for submitting a Re-entitlement 2728 form. Reach out to your ESRD Network to make sure that the status of the transplant is listed as non-functioning. If the transplant was less than three years ago, then there is no need to complete a new Form CMS-2728 or to update the submitted Form CMS-2728.

**Question 6. Are single independent dialysis facilities required to fill out a Form CMS-2728?**

If the facility is a CMS-certified dialysis facility, they would be required to complete Form CMS-2728. However, if they are not, then they would not be required to do so. You can reach out to your local ESRD Network to check on the status of the facility.

### **Questions about Form CMS-2728 Entries (in sequential order)**

**Question 7. Questions 20d and 20e ask about access information. These are grayed out and we can't edit them if the patient was admitted with peritoneal dialysis as the primary treatment modality. How do we change this if the patient was on hemodialysis?**

If a patient was admitted with peritoneal dialysis as the primary treatment modality but is actually on in-center hemodialysis, you need to access the patient's record in EQRS on the left-hand side of the screen and click on Treatments. Under Treatment Summary, click on the admission date to your facility. Below, a list of treatments will be displayed. Select the treatment associated with the admission date. Once that opens, click edit. Change the dialysis setting to Dialysis Facility Center. Then you would go down further on the screen and change the modality from peritoneal dialysis to hemodialysis and then provide the information regarding the number of hours and minutes per treatment. Sometimes the name of the doctor disappears; if this happens, please reselect the doctor and submit. Once you do that you can see on the Treatment screen that the patient is now listed as Dialysis Facility/Center Hemodialysis. Next, go back to the Form CMS-2728 and open your saved form. Select edit. Once you click edit, the

information should change in Section B to reflect the actual modality of the patient with the new hours. You should also now be able to provide an answer for question 20. If you have never done this and need assistance, please contact your ESRD Network.

**Question 8. Questions 24a and 24c refer to "caregiver support." Does this refer to family members, a home health aid, or possibly both?**

CMS has not provided a formal definition of a caregiver. A caregiver can be anyone known to the patient who is providing them with care. It could be a family member, a friend who comes to help them or to set up their peritoneal dialysis treatments, or someone who is paid to provide assistance to the patient.

**Question 9. For question 24, if a patient does not need caregiver support, do we still click "yes" if they live with someone who can provide caregiver support?**

You can still answer "yes" to this question if the patient has somebody who is able to assist them, even if their assistance is not needed. In the follow-up question about whether the caregiver lives with you, you would also answer "yes" to this question if the person capable of providing assistance lives with the patient. However, answering this question is optional.

**Question 10. We admitted an acute kidney injury (AKI) patient in our facility. When should we deem an AKI patient ESRD? Is there a deadline to deem the patient ESRD?**

There is not a deadline. This determination is made by the physician. Even if the patient is in your facility for several months, if the doctor still believes that the patient is AKI, you cannot change their status. Whenever the physician says that the patient is chronic, that is the date you would enter as the first date of chronic dialysis. There are some dialysis organizations that may have a limit on the length of time that a patient can be AKI. If this is true where you work, then you may want to reach out to your organization's local EQRS lead to discuss the situation.

**Question 11. In the case of a patient transitioning from AKI to ESRD, do I need to wait for them to appear in EQRS before I complete the Form CMS-2728?**

You have a couple of options. If you work for an organization that starts the form for you, you can wait until the form is generated once that patient becomes chronic. But if you are uncertain that the AKI patient is going to become chronic, you may not want to start the form because you will not have all the information and some of it may change. So, whether you are starting to fill out Form CMS-2728 on paper or waiting for the form to be uploaded by your batch-submitting organization, you may want to wait until

the patient is actually chronic before starting that form.

**Question 12. We started a patient on dialysis due to an acute kidney injury (AKI). But when the patient transitioned to ESRD and I prepared the Form CMS-2728, I put the treatment start date (Q34) as the date when the patient began dialysis due to AKI instead of when they entered ESRD. What should I do about this error?**

Contact your ESRD Network for assistance. As a caution, if you work in an organization that does batch submission, it is possible for that process to import an incorrect admission or first treatment date that is based on when they received care for an AKI instead of when they became an ESRD patient. If you check and find this has occurred, contact your ESRD Network for assistance.

**Question 13. Question 38 asks if the patient has been connected to a transplant center with a referral. Is there a date range for when the referral occurred? Could the referral have occurred years before outpatient dialysis began or does it need to be after the patient started dialysis?**

You should only answer "yes" to this question if your facility was involved in making the referral. Referrals that occurred before your facility was involved should not be entered.

**Question 14. Question 47 asks if the transplanted kidney is functioning or not. It has been entered as "functioning." How can I change that?**

Contact your local ESRD Network. The ESRD Network has the ability to go into the transplant hospital's treatment information and change that to non-functioning. If you do have any graft failures, please contact your local ESRD Network. Be prepared to provide them with the date that the transplant actually failed, and they will assist in entering the transplant failure event into EQRS and changing the treatment to non-functioning.

**Question 15. We received a system discharge on the Dashboard. The patient transitioned to adult but that it not an option under discharge. Options are loss of care, death, transplant. What should I enter? Do I need to change the system discharge, so it falls off my Dashboard?**

If the patient remained at your facility, then there is no need to discharge the patient. If the patient has left your facility and is admitted to a different dialysis facility, then discharge the patient as a transfer subcategory dialysis facility. The discharge reasons you have provided are not from EQRS and may be from your EMR. Contact your internal help desk for assistance with choosing the correct discharge reason.

**Question 16. We had a payor request a supplemental 2728 for a patient outside of the waiting period, but within 90 days of the actual start date of chronic**

**dialysis. They have been adamant about receiving the form. Are we able to provide relevant transplant information added to the existing 2728, despite an actual supplemental form not being generated in EQRS?**

If the insurance company will not pay due to this issue, then you should complete another form on paper, have the physician and patient sign the form, then provide the form to the insurer.

**Question 17. I'd like to verify if the first date of dialysis ever (FDODE) should start in the hospital where the doctor diagnosed the patient as ESRD. I noticed that in some facilities, FDODE starts when the patient starts in the facility regardless of when the patient was diagnosed as ESRD in the hospital.**

The Form CMS-2728 asks for the date regular chronic dialysis began, regardless of whether this prescription was implemented in a hospital/inpatient, outpatient, or home setting. Therefore, the FDODE can be the date the patient became chronic in the hospital.

### **Questions about Form CMS-2746 Entries (in sequential order)**

**Question 18. In the Instructions for Completing the Form CMS-2746, instructions for question 14 state that Code 104 'withdrawal from dialysis' may not be used as the primary cause of death. What would be an appropriate primary cause if a patient discontinues treatment and then expires within 30 days?**

The patient's nephrologist must choose the cause of death from the available causes listed on the Form CMS-2746. The death code, 104, should not be used as the primary cause of death but it can be used in conjunction with secondary causes of death.

**Question 19. For question 21, must the date of completion be the same as date of death? Both dates could be different before.**

Date of death does not need to match the date of form completion. Many times, the form completion date is not the same as the date of death. If you have a problem submitting a form where these two dates differ, please submit a helpdesk ticket. On the patient screen where you enter the primary cause of death, there is an "effective date" field. If the effective date does not match or precede the date of death, then this could cause an issue.