

January 2025 EQRS Stakeholder Meeting



Hosted to Gather Feedback & Share Updates on End Stage Renal Disease Quality Reporting System (EQRS)

Today's focus:

• Forms CMS-2744A and CMS-2744B

Agenda

Торіс	Speaker
Welcome	Alissa Kapke, MS
Form CMS-2744 Overview	Tricia Phulchand, BSN, RN
Form CMS-2744A	Tricia Phulchand, BSN, RN
Form CMS-2744B	Tricia Phulchand, BSN, RN
Editing an Existing Form CMS-2744	Tricia Phulchand, BSN, RN
Submitting a Form CMS-2744	Tricia Phulchand, BSN, RN
Monitoring the Submitted Status of a Form CMS-2744	Tricia Phulchand, BSN, RN
Q & A	Tricia Phulchand, BSN, RN
Upcoming ESRD QIP & EQRS Events	Alissa Kapke, MS

Submitting Questions

• Click on Q&A at bottom of your screen to submit a question.



• Type your question in the box in the middle of your screen.



Please note that some questions may require additional research. Any unanswered questions can be submitted to QualityNet Question and Answer Tool

EQRS Stakeholder Meeting – January 2025

Acronyms

APN	Advanced Practice Nurse	LVN	Licensed Vocational Nurse
CAPD	Continuous Ambulatory Peritoneal Dialysis	NHSN	National Healthcare Safety Network
CCPD	Continuous Cycling Peritoneal Dialysis	NPI	National Provider Identifier
CMS	Centers for Medicare & Medicaid Services	OMB	Office of Management and Budget
DBA	Database Administrator	РСТ	Patient Care Technician
DOD	Date of Death	PHI	Protected Health Information
EQRS	ESRD Quality Reporting System	PII	Personally Identifiable Information
ESRD	End-Stage Renal Disease	RN	Registered Nurse
ICH CAHPS	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	SSN	Social Security Number
LPN	Licensed Practical Nurse	Voc Rehab	Vocational Rehabilitation
LTFU	Lost to Follow-up		

Form CMS-2744 Overview

Addressing Due Dates

- Facilities must follow the guidance provided by their organization prior to initiating the Form CMS-2744 survey in the ESRD Quality Reporting System (EQRS), as some organizations complete their surveys at the corporate level.
- Facilities are required to submit the completed 2024 Form CMS-2744 by March 31, 2025.
- Use this link to find the contact information for your local ESRD Network: <u>https://esrdncc.org/en/ESRD-network-map/</u>.

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

- CMS Office of Management and Budget (OMB) requires all ESRD and transplant facilities to complete the form each year.
- Designed to collect ESRD facility (2744A) and Transplant Center (2744B) information regarding:
 - Patient Activity
 - Treatment Records
 - Staffing Records
- 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

Form CMS-2744A (slides 5-42)

What is Included on the Form CMS-2744A?

- Each dialysis facility must provide the following:
 - Facility Information
 - Patients Receiving Care Beginning of Survey Period (January 1st, 2024)
 - Additions (Admissions)
 - Losses (Discharges)
 - Patients Receiving Care at End of Survey Period (December 31st, 2024)
 - Patient Eligibility (Medicare) Status
 - Vocational Rehabilitation Information
 - Incenter Dialysis Treatments: Hemodialysis and Other
 - Staffing Information

Form CMS-2744A

DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
ENTERS FOR	MEDICARE	& MEDICAID	9EDVICE9

State/Zip Code

ON S NLY)	SYSTEM	FOR	THE PE	RIOD	
	Facility Physical Ad (If different than mailing	idress) address)	Suite/Room	Street	City
	A	dia		ALC: 101-101	

of Dialysis Stations:	Facility Telephone: ()	
wnership 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? No Vec Yes

DIALYSIS PATIENTS AND TREATMENTS

Facility 0





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

Nocturna

31A

31B

30B







TREATMENT AND STAFFING



Number of Staff Number of Open Pos. Full Time Part Time Full Time Part Time Position a. RNs b. LPN/LVNs c. PCTs d. APNs e. Dietitians 1. Social Workers 39 40 41 42

Staffing

Form CMS-2744A and Instructions:

https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2744A.pdf

Where does the information on the Form CMS-2744A come from?

2744A Section	Source
 Patients Receiving Care Beginning of Survey Period. Additions During Survey Period. Losses During Survey Period. Patients Receiving Care at End of Survey Period. 	 Admissions page in EQRS patient record. Treatments page in EQRS patient record. (Designates Home vs. Incenter Dialysis).
 Patient Eligibility Status End Of Survey Period. Vocational Rehabilitation. 	 Patient page in EQRS patient record - <i>Miscellaneous Information</i> section. Patient Attribute History
Hemodialysis Patients Dialyzing More Than 4 Times Per Week.	 Treatments page in EQRS patient record.
Treatment and Staffing.	 Manual entry by Dialysis Facility Staff. Manual entry by Corporate Staff if corporate offices are submitting Form CMS-2744.

Click on Facilities



Click on Form 2744

EQRS Patient R	Change organization ~	Dashboard	Facilities ^	Patients 🗸	Reports 🗸
MANAGE ACCESS	3.6		Search Faciliti	es	
My access	My access		Form 2744		
Request access	Click each application to view your approved rol	les and the organizations you have access to.	Medical Persor	nnel	
Pending requests			Attestation		
	Patient Registry				
PROFILE	View access				
Profile information					

Manage Form 2744

- Select the survey year.
 - Please note that the year you select is always the previous completed calendar year so now that it is 2025, YOU MUST SELECT 2024.
- Click Search.

Manage Form 2744

The ESRD Facility Survey form (CMS-2744) is used to capture and report facility and patient information related to the operation of each federally approved dialysis or transplant facility.

Facility Search				^
Survey Year *	Survey Status *		Search: *	
2024 ~	Missing	○ Existing	ABC DIALYSIS	
Reset	Search			

Click Add

Manage Form 2744

The ESRD Facility Survey form (CMS-2744) is used to capture and report facility and patient information related to the operation of each federally approved dialysis or transplant facility.

Facility Search						^
Survey Year * 2024 ~ Reset	Survey Status * Missing Existing Search	Search: * ABC DIALYSIS				
Facility Results						^
CCN	Facility Name ABC DIALYSIS	¢ Form ID# N/A	◆ Year 4	Network	♦ Survey Status Missing	♦ Actions ● Add
Showing 1 to 1 of 1 results	Page Size	·			0	≪Prev 1 Next >>
4						Þ

Click Generate

Add Facility Form 2744

Help

Form 2744 ID: N/A Facility CCN: 123456 Facility Name: ABC DIALYSIS Facility NPI: 987654321 Network: Survey Year: 2024

Generate	Save						
				Collapse Al			
Dialysis Patients				^			
Patients Receiving Care Beginnin	g of Survey Period 🕑						
(01) Incenter: 0		(02) Home: 0	(03) Total Fields 01 thru 02: 0				
Additions During Survey Period	9						
Incenter			Home				
(04A) Started for first time ever	:0		(04B) Started for first time ever: 0				
(05A) Restarted: 0			(05B) Restarted: 0				
(06A) Transferred from other di	(06A) Transferred from other dialysis unit: 0		(06B) Transferred from other dialysis unit: 0				
(07A) Returned after transplant	ation: 0		(07B) Returned after transplantation: 0				
Losses During Survey Period 🕑							
Incenter			Home				

Click Save

Edit Facility Form 2744

Form 2744 ID: 1234567890 Facility CCN: 123456 Facility Name: ABC DIALYSIS Facility NPI: 987654321 Network: Survey Year: 2024



Form CMS-2744A successfully saved



View Facility Form 2744

Form 2744 ID: 1234567890 Facility CCN: 123456 Facility Name: ABC DIALYSIS Facility NPI: 987654321 Network: Survey Year: 2024

		<i>∎</i> Edit	😯 Help
			Collapse All
Dialysis Patients			^
Patients Receiving Care Beginning of Survey Period 🕑			
(01) Incenter: 106	(02) Home: 0	(03) Total Fields 01 thru 02: 106	
Additions During Survey Period 🕑			
Incenter		Home	
(04A) Started for first time ever: 8		(04B) Started for first time ever: 0	
(05A) Restarted: 0		(05B) Restarted: 0	
(06A) Transferred from Other Dialysis Facility(ies): 17		(06B) Transferred from Other Dialysis Facility(ies): 0	
(07A) Returned after Transplant Failed: 0		(07B) Returned after Transplant Failed: 0	
Losses During Survey Period 🕑			
Incenter		Home	

Summary: Generating and Saving a Form 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 **Add** link in the Actions section.
- 5. Click the **Generate** button.
- 6. Review pre-populated data and enter **Treatment and Staffing** information.
- 7. Click the **Save** button.

Reviewing and Updating Form CMS-2744A Data

Reviewing and Updating Form CMS-2744A Data

- Review data in each section using Form CMS-2744 Reports (located in section headers).
- Make updates in EQRS (and corporate system) as needed.
- Regenerate Form CMS-2744 to update with the most recent data in EQRS.
- Treatment and Staffing updates can be entered directly in the EQRS 2744A when in edit mode.

Review Patients Receiving Care Beginning of Survey Period Section

- Patients Receiving Care Beginning of Survey Period:
 - These numbers represent any permanent patients admitted prior to January 1st, 2024.
 - Field 01: Incenter Hemodialysis Patients.
 - Field 02: Home Dialysis Patients (CAPD, CCPD, Home Hemodialysis).
 - Field 03: Total number of both Incenter and Home Dialysis Patients.

Patients Receiving Care Beginning of Survey Period 🕑		
(01) Incenter: 106	(02) Home: 0	(03) Total Fields 01 thru 02: 106

Review Additions During Survey Period Section

• Additions During Survey Period:

- These numbers represent any permanent patients admitted to your facility between January 1st and December 31st, 2024, and how they were admitted.
 - 04A/04B: Started for first time ever: A patient is new to dialysis (your facility submitted an Initial Form CMS-2728).
 - 05A/05B: Restarted: A patient was previously on chronic dialysis, recovered function or discontinued dialysis and has now returned to treatment.
 - 06A/06B: Transferred from other dialysis unit: A patient has transferred into your facility from another certified outpatient dialysis facility.
 - 07A/07B: Returned after transplantation: A patient has returned to treatment after a transplant failure.

Additions During Survey Period 🕑	
Incenter	Home
(04A) Started for first time ever: 0	(04B) Started for first time ever: 0
(05A) Restarted: 0	(05B) Restarted: 0
(06A) Transferred from Other Dialysis Facility(ies): 0	(06B) Transferred from Other Dialysis Facility(ies): 0
(07A) Returned after Transplant Failed: 0	(07B) Returned after Transplant Failed: 0

Review Losses During Survey Period

• Losses During the Survey Period:

- These numbers represent any permanent patients discharged from your facility between January 1st and December 31st, 2024, and how they were discharged.
 - o 08A/08B: **Deaths:** A patient in your facility has expired.
 - o 09A/09B: **Recovered kidney function:** A patient on dialysis regained native kidney function.
 - o 10A/10B: **Received transplant:** A patient received a kidney transplant.
 - o 11A/11B: **Transferred to other dialysis unit:** A patient transferred to another certified outpatient dialysis facility.
 - 12A/12B: Discontinued dialysis: A patient has chosen to stop dialysis. If the patient dies within 30 days of the discontinue date, a Form CMS-2746 is required, and the patient will be counted as a death. If the patient is still alive after 30 days of the discontinue date, then the patient will be counted as a discontinue.
 - 13A/13B: Other / Lost to Follow Up (LTFU):
 - (Other) A patient has left the country, has transferred to a non-certified dialysis center, or has been imprisoned.
 - (LTFU) A patient has stopped coming for treatment, has made no contact with your facility, and you do not have knowledge of the patient's location.

Losses During Survey Period 🕑	
Incenter	Home
(08A) Deaths: 0	(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 care facility: 0	(11B) Transferred to other care facility: 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:
 - These numbers represent the total number of patients permanently admitted to your facility and receiving treatment on **December 31st, 2024**.

Patients Receiving Care at End of Survey Period		
Incenter Dialysis	Self-Dialysis Training	Total Incenter Dialysis
(14) Hemodialysis: 0	(16) Hemodialysis: 0	(20) Fields 14 thru 19: 0
(15) Other: 0	(17) CAPD: 0	
	(18) CCPD: 0	
	(19) Other: 0	
Home Dialysis		Total Home Dialysis
(21) Hemodialysis: 0		(25) Fields 21 thru 24: 0
(22) CAPD: 0		
(23) CCPD: 0		
(24) Other: 0		
		Total Patients
		(26) Fields 20 and 25: 0

Review Patient Eligibility Status End of Survey Period Section

• Patient Eligibility Status End of Survey Period:

 These numbers represent the counts of patients' Medicare statuses as being enrolled, pending or Non-traditional Medicare.

Patient Eligibility Status End of Survey Period	
(27) Currently enrolled in Medicare: 0	(28) Medicare application pending: 0
(29) Non-Medicare: 0	

Review Hemodialysis Patients Dialyzing More Than 4 Times Per Week Section

- Hemodialysis Patients Dialyzing More than 4 Times Per Week:
 - These numbers represent any hemodialysis patients, regardless of setting (Incenter or Home), that are receiving more than 4 treatments each week as noted in the treatment section of the patient's record in EQRS.

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

* Please note that changes to these numbers must be made in the Treatments section of each patient's EQRS record.*

Review Vocational Rehabilitation (Voc Rehab) Section

• Vocational Rehabilitation:

- Field 32 represents the number of patients as of December 31, 2024, that were between the ages of 18 and 64.
- Field 33 represents the number of patients as of December 31, 2024, that were aged 65 and older.
- Field 34 represents the number of patients as of December 31, 2024, that were receiving vocational rehabilitation services.
- Field 35 represents the number of patients as of December 31, 2024, that were employed either full or part-time.
- Field 36 represents the number of patients as of December 31, 2024, that were in school either full or part-time.

Vocational Rehabilitation

(32) Patients aged 18 through 64: 0

(33) Patients aged 65 and older: 0

(34) Patients receiving services from Voc Rehab: 0

(35) Patients Employed full-time or part-time: 0

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

* Please note that changes to these numbers must be made in the Miscellaneous section of each patient's EQRS record.*

Enter Incenter Dialysis Treatment

Incenter Dialysis Treatments:

- Field 37: Outpatient Treatments Include ONLY Incenter hemodialysis treatments for ESRD patients, including extra treatments and treatments to transient patients (who are ESRD). DO NOT include home hemodialysis treatments done at home. But DO report training treatments for home hemodialysis patients if they are staff assisted.
- Field 38: Other Treatments Include home dialysis (Home Hemodialysis, CAPD, CCPD) training days ONLY. This IS NOT the number of exchanges.

Incenter Dialysis Treatment (includes training treatments)										
(37) Hemodialysis:		(38) Others:								

Enter Staffing as of December 31, 2024

Staffing

- Enter the number of Full Time* and Part Time[#] staff positions at your facility as of December 31, 2024.
- Provide the number of Full Time and Part Time staff positions that are open and not filled as of December 31, 2024.

Staffing				
	(37) # Full Time Staff	(38) # Part Time Staff	(39) # Open Full Time Positions	(40) # Open Part Time Positions
(a) RNs:	0	0	0	0
(b) LPN/LVNs:	0	0	0	0
(c) PCTs:	0	0	0	0
(d) APNs:	0	0	0	0
(e) Dietitians:	0	0	0	0
(f) Social Workers:	0	0	0	0

*Full Time Position is defined as a position with 32 hours or more employment per week.
*Part Time Position is defined as a position with less than 32 hours per week and includes per diem staff.
Please note that if a staff member covers more than one facility then that member may be counted as PT at one or both facilities unless that member works 32 hours or more at one of those facilities.

EQRS Form CMS-2744A Reports

Using EQRS Form CMS-2744A Reports to Verify the Data

- Form CMS-2744 Reports provide a list of the patients that are being counted in each field on the Form CMS-2744.
- **View Facility Form 2744** screen contains 4 reports to verify the autopopulated data on the Form 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 Form CMS-2744 to update the auto-populated data and reports after correcting any identified errors.
- The following slides will provide instructions for selecting reports.

Available Reports

Patients Receiving Care Beginning of Surve	ey Period 🕖				
(01) Incenter: 106	(02) Home: 0	(03) Total Fields 01 thru 02: 106			
Additions During Survey Period 📀					
Incenter		Home			
(04A) Started for first time ever: 7		(04B) Started for first time ever: 0			
(05A) Restarted: 0		(05B) Restarted: 0			
(06A) Transferred from Other Dialysis Fac	cility(ies): 23	(06B) Transferred from Other Dialysis Facility(ies): 0			
(07A) Returned after Transplant Failed: 0)	(07B) Returned after Transplant Failed: 0			

Losses During Survey Period 🔮	
Incenter	Home
(08A) Deaths: 10	(08B) Deaths: 0
(09A) Recovered kidney function: 1	(09B) Recovered kidney function: 0
(10A) Received transplant: 2	(10B) Received transplant: 0
(11A) Transferred to other care facility: 16	(11B) Transferred to other care facility: 0
(12A) Discontinued dialysis: 0	(12B) Discontinued dialysis: 0
(13A) Other (LTFU): 0	(13B) Other (LTFU): 0

End of Survey Report 🕔

Select the Desired Report

- Select one of the four available reports.
- The report will appear in the top right corner of your browser.
 - Click on the small arrow.
 - The report will download and open in Microsoft Excel.



View the Downloaded Report

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

Beginning	g of Survey	Period																
Survey Per	iod: January 1	1, 2024 to	December	31, 2024														
Facility Na	me: ABC																	
Creation D	ate: January 1	15, 2025																
Network		Eacility	Facility	Dationt	Dationt	Dationt			Dationt	Dationt	Dationt	Admit Reason	Dationt	Discharge Reason	Primary Dialysis	Dationt	Dialysis Training Type	Dialysis Training
ILCOVOIR		racinty	racinty	ratient	Fatient	ratient			Fatient	Fatient	Fatient	Auniterreason	Fatient	Discharge Reason	Frinary Diarysis	Patient	Diarysis framing type	Dialysis fraining
ID	Facility ID	CCN	NPI	ID	First Name	Last Name	Patient SSN	Patient MBI	Gender	Birth Date	Admit Date	Description	Discharge Date	Description	Setting Description	Date of Death	Description	End Date
ID XX	Facility ID 1234567891	123456	987654321	ID	First Name	Last Name	Patient SSN	Patient MBI ABCDEFGHIJ	Gender	Birth Date 1/25/1943	Admit Date 10/1/2021	Description NEW TO ESRD	Discharge Date	Description	Setting Description	Date of Death	Description	End Date

Common Issues, Warnings and Errors on Form CMS-2744A
Common Issues

- A patient is missing from the report:
 - Search for the patient in EQRS and verify that the patient was admitted to your facility.
 - If you cannot locate the patient in EQRS, then you should either:
 - $_{\odot}\,$ Admit the patient in EQRS with the appropriate admit date and reason, or
 - $\circ\,$ Contact your corporate entities to assist with the admission.
 - Once the patient has been admitted, then go back to your Form CMS-2744, regenerate and save.
 - Your numbers should now be correct.
- A patient is still on the report that should have been discharged:
 - Search for the patient in EQRS and verify that the patient was discharged from your facility.
 - If the patient does not have a discharge date from your facility on the patient's Admissions screen, then you need to discharge the patient with the appropriate discharge date and reason.
 - Once the patient has been discharged, then go back to your Form CMS-2744, regenerate and save.
 - Your numbers should now be correct.

Things to Remember

- Transient patients, acute patients and patients admitted as Dialysis in Support of Transplant are **NOT** included in your admissions and discharges, and therefore, will not appear on the available reports in the Form CMS-2744A in EQRS.
- Patients that change modalities will not be included in additions (admissions)/losses (discharges) unless they transfer to or from another certified dialysis facility.
- Patients admitted on or after January 1st, 2024, will not be included in the Patients Receiving Care Beginning of Survey Period.

Common Warnings

Warning	Solution
Warning - 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). Please enter a comment.	 Go to the Form 2744 screen and search for the Form CMS-2744 that was completed and Finalized for the prior year (2023). Select the <i>End of Survey</i> Report, download it and compare it to the downloaded <i>Patients Receiving Care Beginning of Survey Period</i> report for the current Form CMS-2744 (2024). Determine the differences (patients who are on one list but not the other) and look at the admit/discharge in EQRS. Make any possible adjustments to individual patient records. If the information in EQRS is correct, then add a comment identifying the patient's *EQRS ID only, no Protected Health Information (PHI)/Personally Identifiable Information (PII) please* in the comment to explain the discrepancy.
Warning - The total number of incenter patients receiving Other dialysis treatments (field 38) may be too high. Please verify this total.	 Verify only training days are being counted in Field 38. If total is correct, which is possible with a high census unit or Home-only unit, please leave a comment as verification.
Warning - If the facility certification date is in the current survey period, then fields 01 and 02 must equal 0. Please add a comment.	 Although the certification date was after January 1, 2024, the facility may have treated patients prior to the certification date. Leave a comment.
Warning - Facility is not closed but ending population (field 26) is zero. Please add a comment.	 Facility closed prior to December 31, 2024, due to temporary closure or permanent closure. Leave a comment to that effect with possible reopen date or official closure date.

Common Errors

Error	Solution
Error - The total number of patients receiving incenter hemodialysis (field 14) cannot be greater than the total number of incenter hemodialysis treatments including training (field 37). Hemodialysis total is incorrect.	 Please enter the total number of outpatient hemodialysis treatments for the calendar year in field 37. DO NOT enter the number of patients.
Error - The total number of Medicare patients (fields 27, 28, 29) must equal the total number of patients (field 26).	 Download the End of Survey Report from the Form 2744 module and verify that all Medicare patients have a Medicare status with an effective date within the survey year or prior. Contact your local ESRD Network for assistance.

After trying each step above, go back to the Form 2744, click edit, then click generate and then click save. If the error is still not resolved, then please contact your local ESRD Network Data Dept.

Common Errors

Error

Solution

Error - 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).

There are several reasons why this may occur:

- 1. System discharge that was not corrected:
 - a. Look at the dashboard to identify the system discharge.
 - b. Go into the patient's record and correct the discharge reason.
- 2. **Misaligned Death** (discharge reason of death is in a different year than the date of death (DOD) on patient page):
 - a. Check Additions During Survey Period Report for patient where DOD in *Discharge Date* column is in a different year from DOD in *Date of Death* column.
- **3. Misaligned Treatment** (Treatment start date is in a different year than the patient's admission date to your facility):
 - a. Contact QualityNet Helpdesk, your ESRD Network, or your corporate contact to help identify.
- 4. Misaligned Training (Training start date is in one year and treatment is in a different year):
 - a. Contact QualityNet Helpdesk, your ESRD Network, or your corporate contact to help identify.
- 5. Training on record for hemodialysis patient:
 - a. Check *End of Survey Report* for patients who are incenter hemodialysis patients but have CAPD or CCPD training on their record.
- 6. Facility has multiple non-transient admissions with no discharge:
 - a. Check **Additions During Survey Period Report** for multiple admissions on the Admissions screen in the patient's EQRS record that are missing a discharge.

After trying each step above, go back to the Form 2744, click edit, then click generate and then click save. If the error is still not resolved, then please contact your local ESRD Network Data Dept.

Form CMS-2744A Network Rejection Reasons

- Common reasons a Form CMS-2744 might be rejected by the Network:
 - Form CMS-2744 was submitted with unaddressed errors or warnings.
 - Form CMS-2744 has a generated date prior to the 2744 reporting year.
 - Number of Incenter Dialysis Treatments (field 37) Hemodialysis matches number of Total Patients at the end of the 2744 reporting year.
 - Number of Incenter Dialysis Treatments Other (Field 38) is zero, but facility admitted Home Dialysis patients during reporting year.
 - Staffing is missing.

Reason for rejection can be viewed under Status Change Update (accessible from Form 2744 screen)

Form CMS-2744B (slides 43-55)

What is Included on the Form CMS-2744B?

- Each transplant facility must provide the following:
 - Number of Patients who Received a Transplant.
 - Eligibility (Medicare) Status of Patients Transplanted.
 - Number of Transplant Procedures Performed.
 - Patients Awaiting Transplant (Wait List Count).

Form CMS-2744B

KIDNEY TRANSPLANTS PERFORMED

PATIENTS TRANSPLANTED AND DONOR TYPE

TO BE COMPLETED BY KIDNEY TRANSPLANT CENTERS ONLY



Form CMS-2744B and Instructions:

https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2744b.pdf

Where does the information on the Form CMS-2744B come from?

27	44B Section	Source
•	Patients who received transplant at this facility.	Admissions page in EQRS patient record.
•	Eligibility Status of Patients Transplanted at this Facility During the Survey Period.	 Patient page in EQRS patient record – <i>Miscellaneous Information</i> section. Patient Attribute History.
•	Transplant Procedures Performed at This Facility.	Treatments page in EQRS patient record.
•	Patients Awaiting Transplant.	Manual entry by Transplant Facility Staff.

Adding a Form CMS-2744B

- Log in to **EQRS**.
- Click **Facilities** Tab.
- Click Form 2744.
- Select the **survey year**:
 - Please note that the year you select is always the previous completed year. So now that it is 2025, YOU MUST SELECT 2024.
- Click Search.
- Click the **Add** link in the *Actions* section.
- Click the Generate button.
- Review pre-populated data and enter **Treatment and Staffing** information.
- Click the **Save** button.

Review Patients Who Received Transplant at this Facility

- Patients Who Received Transplant at this Facility:
 - These numbers represent any patients that received a transplant at your transplant facility between January 1st and December 31st, 2024.

KIDNEY TRANSPLANTS PERFORMED - PATIENTS TRANSPLANTED AND DONOR TYPE

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

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

- Eligibility Status of Patients Transplanted at this Facility During the Survey Period:
 - These numbers represent the Medicare statuses of the patients that received a transplant at your transplant facility between January 1st and December 31st, 2024.

Eligibility Status of Patients Transplanted at this Facility During the Survey Period	
(44) Currently enrolled in Medicare: 0	(45) Medicare application pending: 0
(46) Non-Medicare U.S. Res: 0	(47) Non-Medicare Other: 0

Review Transplant Procedures Performed at This Facility

• Transplant Procedures Performed at This Facility:

 These numbers represent the types of transplants and total number of transplants performed at your transplant facility between January 1st and December 31st, 2024.

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

Enter Patients Awaiting Transplant

• Patients Awaiting Transplant:

- Field 52: Enter the total number of dialysis patients awaiting transplant as of December 31, 2024.
- Field 53: Enter the total number of non-dialysis patients awaiting transplant as of December 31, 2024.

Patients Awaiting Transplant	
(52) Dialysis: 0	(53) Nondialysis: 0

Using EQRS Form CMS-2744B Report to Verify Data

- You can use the End of Survey Transplant Report available on the View Facility Form 2744 screen to verify the auto-populated data on the Form CMS-2744.
- Correct any identified errors in the patient record(s), if needed.
- Regenerate the Form CMS-2744 to update the auto-populated data and report after correcting any identified errors.
- The following slides will provide instructions for selecting reports.

Select the End of Survey Transplant Report

- The report will appear in the top right corner of your Chrome Browser.
 - Click on the small arrow.
 - The report will download and open in Microsoft Excel.

iew Facili	y Form 274	4			14.2 KB • Done	
orm 2744 ID:	Facility CCN:	Facility Name: A Transplant Center	Facility NPI:	Network:	Survey Year: 2024	
			⊖Print		∂ Edit	😯 Help
						Collapse All
KIDNEY TRANSPLAN	TS PERFORMED - PATIEN	TS TRANSPLANTED AND DONOR TYPE				^
	received transplant at	this facility: 96				
(43) Patients who						

View the Downloaded Report

- Scroll to review all report data.
- Filter spreadsheet columns, as needed.
- Download a new report every time you regenerate the survey to confirm changes.

End of S	urvey Tr	ansplant	Report												
Survey Per	riod: Janua	ry 1, 2024 t	hrough De	ecember	31, 2024										
Facility Na	me: A Tra	nsplant Cer	nter												
Creation D	Date: Decei	mber 17, 20	24 08:05:	:19 PM											
Network	Facility	Facility	Facility	Patient	Patient	Patient	Patient	Patient	Patient		Patient	Citizenship	Patient Treatment	Transplant Type	Medicare Enrollment Status
ID	ID	CCN	NPI	ID	First Name	Last Name	Gender	Birth Date	SSN	Patient MBI	Admit Date	Description	Start Date	Description	Description
					MICKEY	MOUSE	М	04/23/1943	123456789	ABCDEFGHI	08/28/2024	US Citizen	08/28/2024	Living Related	Currently enrolled in Medicare Coverage

Common Issues on CMS Form 2744B

- The number of patients who received transplant at this facility is different from the number of transplant procedures performed at this facility:
 - The type of transplant is missing, causing an undercount of the number of transplant procedures.
- Error/Warning regarding number of transplants (Field 42) vs. transplants performed:
 - Often due to missing citizenship.
 - Review report and go to the patient's EQRS record and correct the citizenship status in the Miscellaneous section of the Patient screen.
 - Make sure the citizenship effective date is within the same Form CMS-2744 survey year (2024) or prior.
- Error/Warning regarding Medicare eligibility status:
 - If you have fewer patients with a Medicare eligibility status (Currently Enrolled, Medicare Pending, or Non-Medicare) than total transplants, verify that all Medicare patients on the report have a Medicare status with an effective date within the same Form CMS-2744 survey year (2024) or prior.

Editing an Existing Form CMS-2744A or B

Editing an Existing Form CMS-2744

- 1. Click the **Facilities** tab.
- 2. Click the Form 2744 link.
- 3. Select the Survey Year (2024) 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 will automatically update.
 - Make updates to the Treatment and Staffing fields (if needed).
- 7. Click the **Save** button.

Submitting a Form CMS-2744A or B

Submitting a Form CMS-2744

Select Form 2744 from the Facilities Tab.

EQRS Patient Regis	Change organization V Dashboard	Facilities ^ Patients ~ Reports ~
MANAGE ACCESS		Search Facilities
My access	My access	Form 2744
Request access	Click each application to view your approved roles and the organizations you have access to.	Medical Personnel
Pending requests		Attestation
	Patient Registry	
PROFILE	<u>View access</u>	
Profile information		

Manage 2744 Screen

- Select Survey Year (2024).
- Click Existing.
- Click Search.

Manage Form 2744

The ESRD Facility Survey form (CMS-2744) is used to capture and report facility and patient information related to the operation of each federally approved dialysis or transplant facility.

Facility Search			^
Survey Year *	Survey Status *	Search: *	
2024 🗸	Missing Existing	ABC DIALYSIS	
Reset	Search		

Click View

Manage Form 2744

The ESRD Facility Survey form (CMS-2744) is used to capture and report facility and patient information related to the operation of each federally approved dialysis or transplant facility.

Facility Search								^
Survey Year *	Survey Status *		A	Search: * .BC DIALYSIS				
Select one or more faciliti Find Facility by facility ID, f number, fax number	es * acility name, facility DBA, facility CCN, facility NPI, phone	Q						
Reset	Search							
Facility Results								^
CCN	✦ Facility Name ABC DIALYSIS		♦ Form ID# 3100032775	♦ Year 2024	♦ Network	➡ Form 2744 Status Draft	♦ Actions ● View	5 /

Click Submit for Review

• Please DO NOT submit your Form CMS-2744 with any errors. Contact your corporate entity and/or local ESRD Network for assistance.

Review Confirmation Box, Click Yes



Successfully Submitted Form CMS-2744



Monitor Form CMS-2744 Status

Monitor Form CMS-2744 Status on Your Dashboard

EQRS Patie	nt Registry	Change organization 🗸	Dashboard	Facilities 🗸	Patients 🗸	Reports 🗸
MANAGE ACCESS	My ac	cess				
My access						
Request access	Click each ap	plication to view your approv	ed roles and the orga	nizations you ha	ve access to.	
Pending requests						
		Patient Registry				
PROFILE		View access				
Profile information						

Monitor Form CMS-2744 Status on Your Dashboard

• Missing

 Your form has not been added/generated/saved.

• Draft

Your form has been generated and saved.

Submitted

 Your form has been submitted to your ESRD Network.

Rejected

 Your form has been rejected by your ESRD Network.

EQRS Patient Registry								
≣< Collapse		≡ Collapse		≣t Collapse		≣t Collapse		
Overview		Overview		Overview		Overview		
Form 2728		Form 2728		Form 2728		Form 2728		
New 0	0 Past due	New Du	Past due	New O	Due Past due 0	New Du	Past due	
Form 2746		Form 2746		Form 2746		Form 2746		
Due O	Past due							
Accretions		Accretions		Accretions		Accretions		
Unresolved		Unresolved		Unresolved		Unresolved 0		
System Discharges		System Discharges		System Discharges		System Discharges		
2024	2023	²⁰²⁴	²⁰²³	²⁰²⁴	0	²⁰²⁴	²⁰²³	
Clinical Depression Screenings		Clinical Depression Screenings		Clinical Depression Screenings		Clinical Depression Screenings		
Required Screenings	Upcoming Screening:							
Form 2744 Sta	Form 2744 Status		Form 2744 Status		Form 2744 Status		Form 2744 Status	
Missing		Draft		Submitted		Rejected		

Monitor Form CMS-2744 Status on Your Dashboard

• Finalized:

 Your ESRD Network has FINALIZED your Form CMS-2744.

:	EQRS	Patient	Registry			
	≡ Collapse					
I	Overview	N				
	Form 27	28				
	New	Due	Past due			
	0	0	0			
	Form 27	46				
	Due		Past due			
	0		0			
	Accretio	ns				
	Unresolved					
	System I	Discharg	es			
	2024		2023			
	0		0			
	Clinical	Depressi	on Screening	S		
	Required Scre	enings (Jpcoming Screenings			
	8		0			
	Form 27	44 Statu	S			
	Finalized					

ESRD Network and Corporate Contacts

ESRD Network: https://esrdnetworks.org/

Organization	Form CMS-2744 completed by: Facility or Corporate	Corporate Support
DaVita	Facility	2744@davita.com
Dialysis Clinic, Inc	Facility	Geraldine.bojarski@dciinc.org
Fresenius Kidney Care	Corporate	GRCI@fmc-na.com
Innovative Renal Care	Facility	clinicalservices@innovativerenal.com
US Renal Care	Corporate	USRC-EQRS@usrenalcare.com

Submitting Questions

• Click on Q&A at top right of your screen to submit a question.

60	ହ	\odot	← Leave	
Captions	Q&A	React		

- Under Q&A, select Ask a question.
- Type your question in box on right hand side of your screen.

CC Captions	2) Q&A	ⓒ React	~	Leave
Q&A				×
AU Ask	a questi	on		@_ ~
	2	Ask a c	question	
	Ø	Start a	discussic	on

Please note that some questions may require additional research. Any unanswered questions can be submitted to

QualityNet Question and Answer Tool.

Coming Soon

Upcoming Events & Deadlines

- Clinical data submission deadlines
- Depression screening deadlines
- In-Center Hemodialysis Consumer Assessment of Healthcare Providers & Systems (ICH CAHPS) attestation submission deadline
- National Healthcare Safety Network (NHSN) data submission deadlines
EQRS Clinical Data Submission Deadlines

Data Submission Schedule for 2024 EQRS Clinical Data		
Reporting Month	Data Submission Deadline	
November 2024	February 3, 2025, at 11:59 p.m. PT	
December 2024	March 3, 2025, at 11:59 p.m. PT	

Note: For additional information on the ESRD QIP measures, refer to the <u>Calendar Year (CY) 2024 ESRD QIP Technical Measure Specifications</u>.

EQRS Depression Screening and Follow-Up Submission Deadline

EQRS Submission Schedule for 2024 Depression Screening and Follow-Up Assessments

Assessment Period	Data Submission Deadline
January 1 – December 31, 2024	March 3, 2025, at 11:59 p.m. PT

Note: For additional information on the Clinical Depression Screening and Follow Up measure, refer to the <u>CY 2024 ESRD QIP Technical Measure Specifications</u>.

ICH CAHPS Attestation Submission Deadline

EQRS Submission Schedule for 2024 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation

Attestation Year	Data Submission Deadline
January 1 – December 31, 2024	March 3, 2025, at 11:59 p.m. PT

Note: For additional information on the ICH CAHPS Survey measure, refer to the CY 2024 ESRD QIP Technical Measure Specifications.

NHSN ESRD Data Submission Deadlines

Data Submission Schedule for 2024 NHSN ESRD Data: Dialysis Events, Bloodstream Infections, and COVID-19 Vaccination Coverage Among Healthcare Personnel

Quarter	2024 Reporting Months	Data Submission Deadline
1	January-March	July 1, 2024, at 11:59 p.m. PT
2	April-June	September 30, 2024, at 11:59 p.m. PT
3	July-September	December 31, 2024, at 11:59 p.m. PT
4	October-December	March 31, 2025, at 11:59 p.m. PT

Facilities must submit NHSN data by the established deadlines. Not meeting the required reporting deadlines puts your facility at risk for an ESRD QIP payment reduction.

Note: For additional information on the NHSN measures, refer to the <u>CY 2024 ESRD QIP Technical Measure Specifications</u>.

Submitting Additional Questions

For additional help, contact:

- QualityNet Help Desk
 - Email:

<u>qnetsupport-esrd@cms.hhs.gov</u>

 $\circ\,$ Online Ticket submission:

https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

 \circ Phone

1-(866)-288-8912

Submitting Questions

• Click on Q&A at bottom of your screen to submit a question.



• Type your question in the box in the middle of your screen.



Please note that some questions may require additional research. Any unanswered questions can be submitted to

QualityNet Question and Answer Tool

Upcoming ESRD QIP & EQRS Events

Save the Dates!

All Events are Scheduled to begin at 2PM ET

EQRS Monthly Stakeholder MeetingTopic: Attestations and DepressionScreening for ESRD QIP

February 18, 2025

Post-Event Evaluation

Please complete a short post-event evaluation by clicking on the link in the Chat box. Your feedback will help improve future events.

Thank you for attending the January 2025 EQRS Stakeholder Meeting

Recordings and slides from all ESRD QIP and EQRS events are posted shortly after the events at: <u>https://mycrownweb.org/events/</u>