

### **EQRS New User Training**

With ESRD Outreach, Communication, and Training (EOCT)

> End Stage Renal Disease Quality Reporting System

### **Today's Trainer**

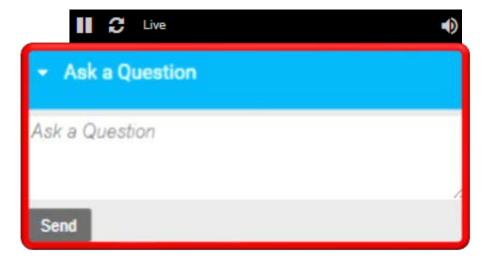
#### **ESRD** Outreach, Communication, and Training Team



#### Jane Chaine, MSN, RN, CNN, RD Communications Director

### **Submitting Questions**

Type questions in the "Ask a Question" section, located on the heft-hand side of your screen.



**Note:** Some questions may require additional research. Unanswered questions may be submitted to **CRAFT@MyCROWNWeb.org**.

### **Our Agenda Today**

- Manage Access
- Facility Dashboard Overview
- Set Default Preferences
- Add Facility Personnel
- Admit a Patient
- View and Edit Patient Details
- Submit an Initial CMS-2728 Form
- Add Treatment Information
- Enter Clinical Information
- Enter Clinical Depression Data
- Discharge a Patient
- Complete a CMS-2746 Form
- Resolve Accretions
- Resources and Evaluation

### How We'll Do Things Today

### Each lesson is divided into two parts:

- Part 1 Background information
- Part 2 Demonstration

#### Note:

Data used in this presentation is fictitious. Content subject to change.



### **Manage Access**

### **Maintain HARP User Account**

Use the Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) to maintain your user account.

- One HARP account is needed to access multiple CMS applications.
- All EQRS users must have a HARP account.
- Maintain HARP account via

https://harp.cms.gov/user-profile/home.

• Access HARP training materials via <u>https://mycrownweb.org/harp-training/</u>.

### **HARP Menu Options**

#### Use the HARP menu options to update your account.

User Profile		
<ul> <li>Profile Information</li> <li>Change Password</li> <li>Challenge Question</li> </ul>	<b>Profile Information</b> First Name	<b>Edit</b> Last Name
Two-Factor Devices	Middle Name Email Address	Date of Birth Phone Number
Contact your application's help desk for assistance. Contact Help Desk →	Home Address Line 1 City	Home Address Line 2 State
	ZIP Code	ZIP Code Extension
	Country	

### Maintain EQRS Role(s)

- EQRS blends functionalities of the following legacy ESRD Systems into one global application:
  - CROWNWeb
  - ESRD QIP
  - Renal Management Information System (REMIS)
- Use EQRS to maintain and request roles for necessary user interfaces. Direct link: <u>https://eqrs.cms.gov/globalapp</u>

EQRS	Dashboard Facilities 🗸 I	Patients 🗸 Reports			
		MANAGE ACCESS My access Request access	My access Click each application to view your	approved roles and the organi	zations you have access to.
		Pending requests	EQRS	QIP	
		PROFILE Profile information	<u>View access</u>	<u>View access</u>	

**Note**: Access step-by-step HARP account registration and EQRS role request instructions via <u>https://mycrownweb.org/harp-training/</u>.



### **Facility Dashboard Overview**

### **Facility Dashboard**

The EQRS Facility Dashboard provides reminders and announcements.

Overview			
Form 2728			
New	Due	Past due	
0	0	9	
Form 2746			
Due		Past due	
0		3	
Accretions			
Unresolved			
5			
System Discharges			
2021		2020	
0		2	
Clinical Depression	Screenings		
Required Screenings		Upcoming Screenings	
23		0	
Form 2744 Status			
2020			
Draft			
Clinical Data			
Due in June		Due in July	
18		0	



### **Set Default Preferences**

### **Click Facilities**

#### Click **Facilities** in the navigation menu.

EQRS Dashboard		atients 💙 Reports	
	Ċ	MANAGE ACCESS	My access
		My access Request access	Click each application to view your approved roles and the organizations you have access to.
		Pending requests	
			EQRS
		PROFILE	<u>View access</u>
		Profile information	

### **Click Search Facilities**

#### Click Search Facilities in the navigation menu.

EQRS	Dashboard Facilities 🗸 Patients 🗸 Repo	rts
	Search facilities Form 2744 Personnel	My access
	Request access	Click each application to view your approved roles and the organizations you have access to.
	Pending requests	
		EQRS
	PROFILE	<u>View access</u>
	Profile information	

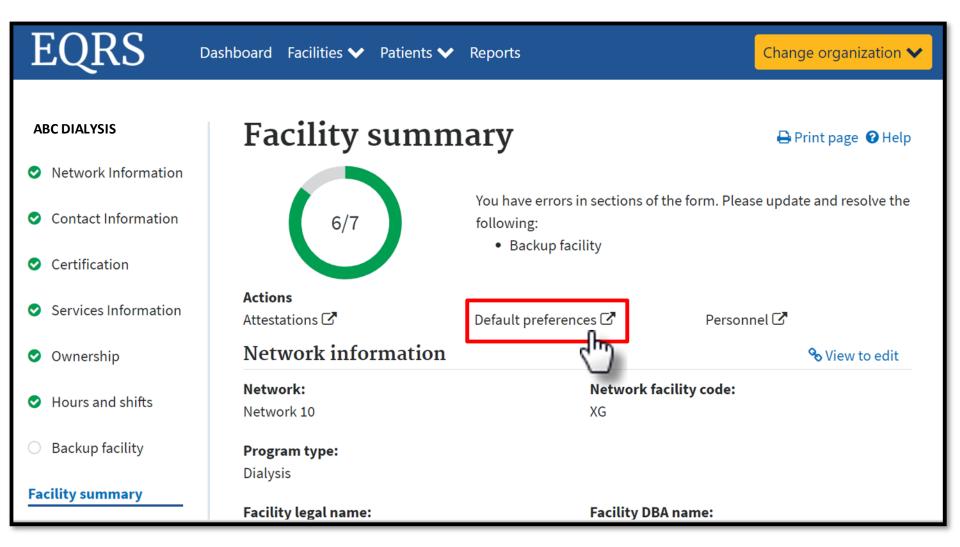
### **Search for Facility**

#### Enter the facility identifier.

EQRS	Dashboard Facilities 🗸 Patients 🗸 Reports	
Search I Facility L	Facilities <sup>®</sup> .ookup	🕜 Help
Search by facility II	D, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number	
123456		Q
Show all results		

### **Click Default Preferences**

#### Click the **Default Preferences** link in the Actions section.



### **Select Preferences**

#### Select default values and click **Submit**.

Adequacy Defaults BSA Method (PD) Dubois and Dubois KtV Method (HD) UKM (Urea Kinetic Modeling) V Method (PD) % Body Weight Mineral Metabolism Defaults	Patient Height Unit of Measure in ~ Patient Weight Unit of Measure Ibs ~ RRF Assessed in Calculating Kt/V (PD) Yes ~	Expand Al
BSA Method (PD) Dubois and Dubois  Kt/V Method (HD) UKM (Urea Kinetic Modeling)  V Method (PD) % Body Weight  V	in  Patient Weight Unit of Measure Ibs  RRF Assessed in Calculating Kt/V (PD)	
Dubois and Dubois       ~         Kt/V Method (HD)          UKM (Urea Kinetic Modeling)       ~         V Method (PD)       ~         % Body Weight       ~	in  Patient Weight Unit of Measure Ibs  RRF Assessed in Calculating Kt/V (PD)	
Kt/V Method (HD)       UKM (Urea Kinetic Modeling)       V Method (PD)       % Body Weight	Patient Weight Unit of Measure          Ibs       ~         RRF Assessed in Calculating Kt/V (PD)	
UKM (Urea Kinetic Modeling) V Method (PD) % Body Weight V	Ibs ~ RRF Assessed in Calculating Kt/V (PD)	
V Method (PD) % Body Weight	RRF Assessed in Calculating Kt/V (PD)	
% Body Weight		
	Yes 🗸	
Mineral Metabolism Defaults		
Lab Method for Serum Albumin BCG  v		^
GFR Calculation Defaults		^
Adult Calculation Method	Pediatric Calculation Method	
MDRD IDMS standardized	Schwartz Equation	
Submit Reset		

### **Successful Submission**

# EQRS displays a "Facility default Preferences submitted successfully" message.



#### Successful

Facility default Preferences submitted successfully.

#### Adequacy Defaults

BSA Method (PD): Dubois and Dubois Kt/V Method (HD): UKM (Urea Kinetic Modeling) V Method (PD): % Body Weight Patient Height Unit of Measure: cm Patient Weight Unit of Measure: kg RRF Assessed in Calculating Kt/V (PD): Yes

Mineral Metabolism Defaults

**GFR** Calculation Defaults



### **Add Facility Personnel**

### **Click Facilities**

#### Click **Facilities** in the navigation menu.

EQRS	Dashboard Facilities 🗸 I	Patients 🗸 Reports	
	শ্র	MANAGE ACCESS	My access
		My access	My access
		Request access	Click each application to view your approved roles and the organizations you have access to.
		Pending requests	
			EQRS
		PROFILE	<u>View access</u>
		Profile information	

### **Click Search Facilities**

#### Click **Personnel** in the navigation menu.

EQRS Dasi	hboard Facilities 🗸	Patients 🗸 Reports	
	Search fao Form 274 Personnel	4 IAGE ACCESS	My access
		Request access Pending requests	Click each application to view your approved roles and the organizations you have access to.
		PROFILE	EQRS
		Profile information	View access

### **Click New Personnel**

#### Click New Personnel to display menu options.

EQRS	Dashboard Facilities 🗸 Patients 🗙 Rep	ports	
Existing Personnel	~	Search person Find personnel records in your sco	
New Personnel	~	SEARCH	
		Personnel specifics Last Name	First Name
		NPI	UPIN

### **Click Add Personnel**

#### Click Add Personnel to enter information.

EQRS	Dashboard Facilities ✔ Patie	nts 🗸 Reports	
Existing Personnel	•	Search personnel Find personnel records in your scope.	
New Personnel	~		
Add Personnel		SEARCH	
		Personnel specifics	
		Last Name	First Name
		NPI	UPIN

### **Select Accordion**

#### Click on the desired section to expand and view.

Add new personnel dd new personnel and positions using the form below.	🛛 Help
Personnel information	~
Positions	~
	Review

### **Enter Personnel Information**

#### Complete the Personnel Information section.

	V personnel nd positions using the form b			🛛 Help
Personnel inf	ormation			^
Salutation	First Name (required)	Middle Initial	Last Name (required)	Ø
Suffix		JPIN		
Credentials				
Organizational Unique	Personnel Identifier			
Address Line 1		Home	phone	
Address Line 2		Cell ph	one	
Zip Code 2	Zip ext.	Fax		
City	State	Email		

### **Add Position**

#### Indicate the employee's position and click Add Positions.

Positions		^
Facility Name ABC DIALYSIS		0
Job Description	Job Code Job Title	
Facility Nephrologist	FNEPH	
Positions	Add Positions	
Added positions from above form		
	Review	

### **Click Review**

#### Click **Review** for a final look before submission.

Facility Name         ABC DIALYSIS         Job Description       Job Code         Select option	
Job Description Job Code Job Title	
Select option v	
	Add Positions
Positions	rositions
Facility CCN ≑ Facility NPI ≑ Facility DBA	Code ✦ Remove ✦
123456 123456789123 ABC DIALYSIS Facility Nephrologist FNEP	РН 🔟
4	Þ

### **Click Submit**

#### Review the entry and click **Submit**.

Review changes Review the information and submit.			😯 Help
Personnel Information			<b>∂</b> Edit
Salutation:		Personnel NPI:	
Dr.		7234567890	
First Name:		Credentials:	
Meredith		UPIN:	
Middle Initial:		Organizational Unique Personnel Identifier:	
Last Name:			
Grey			
Suffix:			
Address Line 1:		Home Phone:	
Address Line 2:		Cell Phone:	
City:		Fax Number:	
State:		Email:	
Zip Code:		Alternate Email:	
County:			
Business Name:		Business Phone:	
Positions			<b>∂</b> Edit
Facility CCN	Facility DBA		Job Code 🗢
123456	ABC DIALYSIS	Facility Nephrologist	FNEPH
			Submit

### **Successful Submission**

#### EQRS displays "**Personnel information added successfully**" message.

View existin			🛛 Help
Please review your	information added s	successfully	
Personnel Informati	ion		<b>∂</b> Edit
Salutation:		Personnel NPI:	
Dr.		7234567890	
First Name:		Credentials:	
Meredith		UPIN:	
Middle Initial:		Organizational Unique Personnel Iden	tifier:
Last Name:			
Grey			
Suffix:			
Address Line 1:		Home Phone:	
Address Line 2:		Cell Phone:	
City:		Fax Number:	
State:		Email:	
Zip Code:		Alternate Email:	
County:			
Business Name:		Business Phone:	
Positions			<b>∂</b> Edit
Facility CCN 🗢 🗧 Facility NF	Pl 🗢 🖨 Facility DBA		b Title 🗢 🖨 Job Code 🗢 🗢
123456	ABC DIALYSIS	Facility Nephrologist	FNEPH



### **Admit a Patient**

### **Key Identifiers**

# EQRS uses six key identifiers when transferring a patient:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number
- Medicare Beneficiary Identifier

### **Click Patients**

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸	Patients 🗸 Reports	
		MANAGE ACCESS	My access
		My access	
		Request access	Click each application to view your approved roles and the organizations you have access to.
		Pending requests	
			EQRS
		PROFILE	<u>View access</u>
		Profile information	

### **Click Admit Patient**

#### Click Admit Patient in the Patients sub-menu.

EQRS	Dashboard Facilities 🗸	Patients 🗸	Reports
	MANAGE AG My access Request acco Pending req	Admit a P Manage C Clinical De Action Lis	Clinical Click each application to view your approved roles and the organizations you have access to.
	PROFILE Profile inform	nation	EQRS View access

### **Enter Patient Information**

#### Enter data in the Patient Information section.

mit Patie	nt			🕜 Hel
plete the sections I	below to admit a patient	in EQRS.		Evpand All
Patient Informat	tion			Expand All
Patient's first nar			Middle initial	
ltsa				
Patient's last nan	ne *		Suffix	
Patient				~
Date of birth *			Gender *	
Month	Day	Year	Female	~
01	01	1960		
Social Security N	umber *			
987651234			N/A	
987651234 Medicare Benefic			N/A	

### **Enter Admission Information**

# Enter data in the Admission Information section and click **Next**.

Admission Information	^
Admit Facility *	
ABC DIALYSIS	
Admit Date *	
Month Day Year	
06 23 2021	
Admit Reason *	
New ESRD Patient	
	Next

### **Patient Match Message**

## Displays for new patient records says, "**No patient matches found**."

Admit Patient		😮 Help
• No patient matches found. New patient record will be created.		
Complete the sections below to admit a patient in EQRS.		Expand All
Patient Information		^
Patient's first name *	Middle initial	
Captain		
Patient's last name *	Suffix	
America		~
Date of birth *	Gender *	
Month Day Year	Male	~
04 25 1975		
Social Security Number *		
553245869	N/A	
Medicare Beneficiary Identifier *		
	✓ N/A	

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### **Additional Fields Display**

#### EQRS displays additional fields for data entry.

Complete the sections below to admit a patient in EQRS.	Successfull
Patient Information	Expand All
	~
Ethnicity, race, tribe and origin	~
Contact Information	~
Miscellaneous Information	~
Medical Information	~
Admission Information	^
Admit Facility *	
ABC DIALYSIS Admit Date * Month Day Year	
06 28 2021 Admit Reason *	
Admit Reason	
New ESRD Patient	
Dialysis Treatment Information	~

### **Enter Race and Ethnicity**

#### Enter race and ethnicity, and tribe and origin, if

### applicable.

~		
~		
	Country/Area Of Origin	
~		~

### **Enter Contact Information**

#### Enter the mailing address.

Contact Information		^
Do not contact		
Mailing address		
Address Line 1	Address Line 2	
123 Patient Lane		
Zip Code	Zip ext. (optional)	
33607		
City	State * County	
Tampa 🗸	Florida 🗸 Hillsborough	~
		_

### **Provide Physical Address**

#### Provide the physical address.

Physical address				
Address Line 1	Ado	Iress Line 2		
Zip Code	Zip	ext. (optional)		
City	Sta	te*	Count	ty
Phone/Email address				
Cell	Wo	ſk		Work Extn.
Home	Em	ail		

### **Enter Miscellaneous Info**

#### Enter data in the Miscellaneous Information section.

Miscellaneous Information				^
Current status	Effective dat	e		
Medicare enrollment *	Month	Day	Year	
Medicare Application Pending	06	23	2021	
Citizenship	Month	Day	Year	
US Citizen 👻	06	23	2021	
Employment	Month	Day	Year	
Employed Part Time	06	23	2021	
Employed Part Time				
School		-		
· · · · · · · · · · · · · · · · · · ·	Month MM	Day DD	Year YYYY	
· · · · ·				
Vocational Rehabilitation	Month	Day	Year	
~	MM	DD	YYYY	

### **Enter Effective Date**

#### Enter the Medical Information effective date.

Effective da	ite *		
lonth	Day	Year	
06	23	2021	

### **Review Admission Information**

#### The Admission Information section is pre-populated.

dmissic	on Inform	nation			
Admit Fa	cility *				
ABC DIA	LYSIS				
Admit Da	ate *				
Ionth	Day	Year			
06	23	2021			
Admit Re	eason *				
New ESRI	D Patient	~	<i>v</i>		

### **Enter Dialysis Treatment Information**

#### Add a new dialysis treatment.

Dialysis Treat	ment Informa	tion			^
Treatment Sta	art Date *				
Month	Day	Year			
06	23	2021			
Primary Dialy	sis Setting *		Dialysis Time Period		
Dialysis Facility	//Center	~		~	
Expected Self	-care Setting				
		~			

### **Enter Dialysis Treatment Information**

#### Add a new dialysis treatment and click Submit.

Primary Type of Treatment *		Sessions Per Week	Time Po	er Session (minutes)	
Hemodialysi	lemodialysis 🗸 🗸		3	240	
Attending F	Practitioner *		Attending Practitioner	UPIN	Attending Practitioner NPI
Fury, Nick		~			1780762971
Type of Dia	lysis Training				
		~			
Dialysis Tra	ining Start Date		Dialysis Trai	ining End Date	
Month	Day	Year	Month	Day	Year
MM	DD	YYYY	MM	DD	YYYYY
					Submit

### **Successful Admission**

#### EQRS displays "Patient admission was successful" message.

MANAGE PATIENT				
Patient	Successful Patient admission was successful.			
Patient History				
Admissions	View Patient Demograp	ohics (Itsa Patient - 310000	08572)	
Treatments			<b>∂</b> Edit	😮 Help
Form 2728				Collapse All
	Patient Information			^
	Patient's first name:	Middle initial:		
	Itsa	Suffix:		
	Patient's last name:	Gender:		
	Patient	F		
	Date of birth:			
	01/01/1960			
	Social Security Number:			
	XXXXX1234			
	Medicare Beneficiary Identifier:			
	N/A			
	Medicare Claim Number:			
	N/A			

### Pop Quiz





### **View and Edit Patient Details**

### **Click Patients**

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸 F	Patients V Reports		
		MANAGE ACCESS	My access	
		My access	my access	
		Request access	Click each application to view you	ur approved roles and the organizations you have access to.
		Pending requests		
			EQRS	
		PROFILE	View access	
		Profile information		
			~	

### **Click Search Patients**

#### Click Search Patients in the Patients sub-menu.

EQRS Dashbo	oard Facilities 🗸	Patients 🗸 Repo	orts
	MANAGE AC My access Request acce Pending requ	Admit a Patient Manage Clinica Clinical Depres Action List	<sup>t</sup> <b>My access</b>
			EQRS
	PROFILE		View access
	Profile inform	nation	

### **Enter Search Criteria**

#### Enter search criteria to locate patient.

Search Patients			
Use the criteria below to search for a patient.			🕑 Help
SEARCH			
Patient criteria		Criteria	Clear all
Patient's First Name	Patient's Last Name	Patient's First Name	
Itsa	Patient	😢 Itsa	
		Patient's Last Name	
Medicare Beneficiary Identifier	Social Security Number	🙁 Patient	
		Admitted Facility	
		ABC DIALYSIS	
HICNUM	EQRS Patient ID (aka CROWN UPI)		
			Submit
			2 (11)
SIMS UPI	Gender		$\Box$
	~		

### **Click EQRS Patient ID**

#### Click the EQRS Patient ID (aka CROWN UPI).

#### Search Patient Results

😮 Help

#### **Back to Search**

3100008572         Itsa         Patient         F         01/01/1960         XXXXX1234         N/A         N/A           Page Size         Interview         Inte	ne 💠 🗧 Gender 🜩 🛛 Date of Birth 🔶 🛛 Date of Death 💠 🔤 Social Security Number 🔶 🕇 HICNU	eficiary Identifier 🔶 SIMS UPI 💠
	F 01/01/1960 XXXX1234 N/A	€ Prev 1 Next ►

## **Click Edit**

#### Click **Edit** to update the patient's information.

MANAGE PATIENT	View Patient Demographi	cs (Itsa Patient - 31000	08572)	
Patient			<b>⊘</b> Edit	Help
Patient History			3	Collapse All
Admissions	Patient Information			^
Treatments	Patient's first name:	Middle initial:		
Form 2728	Itsa <b>Patient's last name:</b> Patient	Suffix: Gender: F		
	Date of birth: 01/01/1960			
	Social Security Number:			
	XXXXX1234 Medicare Beneficiary Identifier:			
	N/A Medicare Claim Number:			
	N/A			

### **Enter Updates**

#### Enter the desired updates.

MANAGE PATIENT	Edit Patien	it (Itsa Patient	- 3100008572)		🕑 Help
Patient	Complete the section	ns below to edit a patient in EQ	200		
Patient History	complete the section	a below to care a parament	213.		Expand All
Admissions	Patient Inform				^
Admissions	Patient's first n	iame *		Middle initial	
Treatments	Itsa				
Form 2728					
	Patient's last n	ame *		Suffix	
	Patient				~
	Date of birth *			Gender *	
	Month	Day	Year	Female	~
	01	01	1960		
	Social Security 987651234	Number *		□ N/A	
	Medicare Bene	ficiary Identifier *		✓ N/A	
				_	

### **Submit Updates**

#### Click the **Submit** button to process the desired updates.

Social Security Number		
987651234	□ N/A	
Medicare Beneficiary Identifier	✓ N/A	
Medicare Claim Number	✓ N/A	
Ethnicity, race, tribe and origin		~
Contact Information		~
Miscellaneous Information		~
Medical Information		~
	Cancel	Submit

### **Successful Submission**

#### EQRS displays "Successfully edited patient" message.

MANAGE PATIENT				
Patient	Successful Successfully edited patient.			
Patient History				
Admissions	View Patient Demograp	phics (Itsa Patient - 310000	8572)	
Treatments			<b>∂</b> Edit	🕄 Help
Form 2728				Collapse All
	Patient Information			^
	Patient's first name:ItsaPatient's last name:PatientDate of birth:01/01/1960Social Security Number:XXXXX1234Medicare Beneficiary Identifier:N/AMedicare Claim Number:N/A	Middle initial: Suffix: Gender: F		



### Submit an Initial CMS-2728

### **Click Patients**

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸 F			
		MANAGE ACCESS	Musseege	
		My access	My access	
		Request access	Click each application to view yo	our approved roles and the organizations you have access to.
		Pending requests		
			EQRS	
		PROFILE	View access	
		Profile information		

### **Click Search Patients**

#### Click Search Patients in the Patients sub-menu.

EQRS Dashbo	oard Facilities 🗸	Patients 🗸 Repo	orts
	MANAGE AC My access Request acce Pending requ	Admit a Patient Manage Clinica Clinical Depres Action List	<sup>t</sup> <b>My access</b>
			EQRS
	PROFILE		View access
	Profile inform	nation	

### **Enter Search Criteria**

#### Enter search criteria to locate patient and click Submit.

Search Patients						
Use the criteria below to search for a patient.			🕑 Help			
SEARCH						
Patient criteria		Criteria	Clear all			
Patient's First Name	Patient's Last Name	Patient's First Name				
Itsa	Patient	😆 Itsa				
		Patient's Last Name				
Medicare Beneficiary Identifier	Social Security Number	Patient				
		Admitted Facility ABC DIALYSIS				
HICNUM	EQRS Patient ID (aka CROWN UPI)		Submit			
			Sublin			
			()			
SIMS UPI	Gender					
	~					

## **Click EQRS Patient ID**

#### Click the EQRS Patient ID (aka CROWN UPI).

Search Patien	t Resu	lts									😮 Help
Back to Search											
EQRS Patient ID (aka CROWN					Ì						
UPI)	First Name	Middle Initial	🗢 Last Name	🗘 Gender 🖨	Date of Birth	Date of Death	Social Security Number	♦ HICNUM ♦	Medicare Beneficiary Identifier	r 🔶 S	SIMS UPI 🗢
<u>3100008572</u>	Itsa		Patient	F	01/01/1960		XXXXX1234	N/A	N/A		
- Ahn Pa	ge Size									📢 Prev	1 Next 🕪
Showing 1 to 1 of 1 results	10	~									
4											Þ

### Click Form 2728

# View the patient's demographics and click the **Form 2728** link.

MANAGE PATIENT	View Patient Demographics (Itsa Patient - 3100008572)						
Patient			ℰEdit	🕜 Help			
Patient History				Collapse All			
Admissions	Patient Information			^			
Treatments	Patient's first name: Itsa	Middle initial: Suffix:					
Form 2728	Patient's last name: Patient	<b>Gender:</b> F					
	Date of birth: 01/01/1960						
	Social Security Number: XXXXX1234						
	Medicare Beneficiary Identifier: N/A						

## Add Initial 2728

#### Click Add Initial 2728.

MANAGE PATIENT	Manage Form 2728 (Itsa Patient - 3100008572) <b>0</b> H						
Patient		♦ Admit Date	A - 11 - 11 - 11 - 11 - 11 - 11 - 11 -				
Patient History	Eligible 2728 Forms	♦ Admit Date	Admit Facility	♦ Due Date ♦ Add 272	≈		
ratient history	Initial Dialysis	08/25/2020	ABC DIALYSIS	10/09/2020 Add	Initial 2728		
Admissions	4				6 m )		
					$\Box$		
Treatments							
Form 2729							
Form 2728	Existing 2728 Forms	Status	Admit Facility	<ul><li>♦ Due Date</li><li>♦ Date Sub</li></ul>	mitted 🗢		
			No Form 2728s exist for th	his patient.			
	4			F	b.		
					,		

### **CMS-2728 Section A**

#### Review and complete Section A, as needed.

A. COMPLETE FOR ALL ESRD PATIENTS - 3100022040			
*Check One:			
Initial	Re-entitlement	Supplemental	
(1) *Patient's Last Name	*First Name	мі	
Patient	Ista		
(2) Medicare Beneficiary Identifier or Social Security Number		(3) *Date of Birth 01/01/1960	
(4) *Patient Mailing Address		(5) Phone Number:	
*Address Line 1:			
Address Line 2:			
*Zip:			
*City:			
*State: IN			

<b>(6) *Sex</b> Male			
<b>(7) *Ethnicity</b> Not Hispanic or Latino	(8) Country/Area of Origin or Ancestry		
(9) *Race White Name of Enrolled/Principal Tribe:		(10) *Is pat ~	tient applying for ESRD Medicare coverage?
<ul> <li>(11) *Current Medical Coverage</li> <li>Medicaid</li> <li>VA</li> <li>VA</li> <li>Medicare</li> <li>Medicare Advantage</li> <li>Employer Group Health Insurance</li> <li>Other</li> <li>None</li> </ul>	(12) *Height 191 Centimeters ↔		(13) *Dry Weight 77 Kilograms

(14) *Primary cause of Renal Failure	
25040	
Diabetes with renal manifestations Type 2	~
(15) *Employment Status(6 mos prior and current status) Prior:	
Employed Part Time	~
Current:	
Retired Due to Age/Preference	
(16) *Co-Morbid Conditions	_
a. Congestive heart failure	n. Malignant neoplasm, Cancer
b. Atherosclerotic heart disease ASHD	o. Toxic nephropathy
✓ c. Other cardiac disease	p. Alcohol dependence
d. Cerebrovascular disease, CVA, TIA*	q. Drug dependence*
<ul> <li>e. Peripheral vascular disease*</li> </ul>	r. Inability to ambulate
f. History of hypertension	s. Inability to transfer
g. Amputation	t. Needs assistance with daily activities
h. Diabetes, currently on insulin	u. Institutionalized
🛃 i. Diabetes, on oral medications	u1. Institutionalized - Assisted Living
j. Diabetes, without medications	u2. Institutionalized - Nursing Home
k. Diabetic retinopathy	u3. Institutionalized - Other Institution
I. Chronic obstructive pulmonary disease	v. Non-renal congenital abnormality

(17) *Prior to ESRD therapy:					
a. Did patient receive exogenous erythro	poietin or equivalent?	No	*	If Yes, answer:	*
b. Was patient under care of nephrologis	:t?	Yes	~	If Yes, answer:	~
c. Was patient under care of kidney dietitian?		No	~	If Yes, answer:	~
d. What access was used on first outpatient dialysis:		Catheter		~	
If not AVF, then: a. Is maturing AVF present?				Yes 🗸	
b. Is maturing graft present?				No 🗸	

Laboratory Test	Value	Date
a.1 Serum Albumin (g/dl)		MonthDayYearMMDDYYYY
2 Serum Albumin Lower Limit		
a.3 Lab Method Used (BCG or BCP)	~	
o. *Serum Creatinine (mg/dl)	8.0	Month Day Year 06 20 2021
. Hemoglobin (g/dl)		Month Day Year MM DD YYYY
d. HbA1c		MonthDayYearMMDDYYYY

e. Lipid Profile TC	MonthDayYearMMDDYYYY	
LDL	MonthDayYearMMDDYYYY	
HDL	MonthDayYearMMDDYYYY	
TG	MonthDayYearMMDDYYYY	

### **Select Next Accordion Section**

#### Click on the desired section to expand and view.

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT	~
C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS	~
D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)	~
E. PHYSICIAN IDENTIFICATION	~
F. OBTAIN SIGNATURE FROM PATIENT	~
Save Submit Cancel	

### **CMS-2728 Section B**

#### Review and complete Section B, as needed.

(19) Name of Dialysis Facility ABC DIALYSIS	(20a) Medicare Provider Number (for item 19		(20b) Facility NPI (for item 19) ABC DIALYSIS
(21) *Primary Dialysis Setting Dialysis Facility/Center		(22) *Primary Type of Dia Hemodialysis Sessions Per Week: 3 / Hou	
(23) *Date Regular Chronic Dialysis BeganMonthDayYearMMDDYYYY		(24) *Date Patient Starte ABC DIALYSIS	ed Chronic Dialysis at Current Facility
(25) *Has Patient Been Informed of Kidney Transplant Options?	<ul> <li>(26) If patient NOT informed of transplant options, please check all that apply</li> <li>Patient declined information</li> <li>Patient is not eligible medically</li> <li>Patient has not been assessed</li> <li>Other</li> </ul>		please check all that apply

### **CMS-2728 Section C**

#### Review and complete Section C, as needed.

(27) *Date of Transplant	(28) Name of Transplant Hospital
(29a) Medicare Provider Number for Item 28	(29b) Facility NPI for Item 28
Date patient was admitted as an inpatient to a hospital in preparation for, or a	nticipation of, a kidney transplant prior to the date of actual transplantation.
(30) Enter Date	(31) Name of Preparation Hospital
(32a) Medicare Provider Number for Item 31	(32b) Facility NPI for Item 31
(33) *Current Status of Transplant (if Functioning, skip items 35 and 36)	(34) *Type of Donor
(35) If Non-Functioning, Date of Return to Regular Dialysis	(36) Current Dialysis Treatment Site

### **CMS-2728 Section D**

#### Review and complete Section D, as applicable.

(37) Name of Training Provi Find Facility by facility ID, fac fax number		cility CCN, facility NPI, phon	e number, Q		care Provider Number of ovider (for item 37)	(38b) NPI of Training Provider
	'ear YYYY		(40) Type o	f Training v		~
(41) This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis			(42) Date When Patient Completed, or is Expected to Complete, TrainingMonthDayYearMMDDYYYY			
I certify that the above self-di reflected in records kept by th	-	is correct and is based on co	onsideration of	all pertinent m	edical, psychological, and soc	ciological factors as
(43) Printed Name and Sigr personally familiar with the	-	Month Day	Year YYYY		(44a) UPIN of Physician in item 43	(44b) NPI of Physician in item 43

**CMS-2728 Section E** 

### Select the Attending Physician.

E. PHYSICIAN IDENTIFICATION	^
(45) *Attending Physician	(46) Physician's Phone No.
Nick Fury 👻	
(47a) UPIN of Physician in item 45	(47b) NPI of Physician in item 45 1780762971
PHYSICIAN	ATTESTATION
	nowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this d requires a regular course of dialysis or kidney transplant to maintain life. I understand that this d that any falsification, misrepresentation, or concealment of essential information may subject
Month Day	Year
MM DD	YYYY
(52) Remarks	

### **Click Save**

#### Select the GFR Calculation Method and click Save.

F. OBTAIN SIGNATURE FROM PATIENT		^
		dical records or other information about my medical condition to the re entitlement under the Social Security Act and/or for scientific research.
(54) <b>*D</b> ate		
Month	Day	Year
ММ	DD	YYYY
Form Entered Date:		Network:
04/15/2021		10
GFR Calculation Method:		GFR:
MDRD IDMS standardized		✓ 0.0
		Save Submit Cancel

### **Select Print**

# EQRS displays the "**Successfully saved form 2728**" message. Click the **Print** link.

Successfully sav		
View ESRD Medical	Evidence (2728) - Sav	ved
	<b>⊖</b> Print	Edit 🛍 Delete 🛛 Ə Help
Submit Date:	ONTROL NU	MBER 0938-0046 Expires 11/30/2022
A. COMPLETE FOR ALL	ESRD PATIENTS - 3100008572	
FormType:		
Initial Dialysis		
(1) Patient's Last Nam	e First Name	МІ
Patient	ltsa	
(2) Medicare Beneficia	ry Identifier or Social Security	(3) Date of Birth
Number		01/01/1960
XXX-XX-1234		

## Form Signed: Click Patients

#### Click **Patients** in the navigation menu.

EQRS Dashbo	ard Facilities V Patients V Rep	orts	
	MANAGE ACC	My access	
	My access		
	Request access	s Click each application to view	your approved roles and the organizations you have access to.
	Pending reque	ests	
		EQRS	
	PROFILE	View access	
	Profile informa	ation	

## **Click Search Patients**

#### Click Search Patients in the Patients sub-menu.

EQRS Dashbo	oard Facilities 🗸	Patients 🗸 Repo	orts
	MANAGE AC My access Request acce Pending requ	Admit a Patient Manage Clinica Clinical Depres Action List	<sup>t</sup> <b>My access</b>
			EQRS
	PROFILE		View access
	Profile inform	nation	

### **Enter Search Criteria**

#### Enter search criteria to locate patient and click Submit.

Search Patients			
Use the criteria below to search for a patient.			🕜 Help
SEARCH			
Patient criteria		Criteria	Clear all
Patient's First Name	Patient's Last Name	Patient's First Name	
Itsa	Patient	😣 Itsa	
		Patient's Last Name	
Medicare Beneficiary Identifier	Social Security Number	Patient	
		Admitted Facility ABC DIALYSIS	
HICNUM	EQRS Patient ID (aka CROWN UPI)		Submit
			Submit
			<b>4</b> )
SIMS UPI	Gender		
	~		

# **Click EQRS Patient ID**

### Click the EQRS Patient ID (aka CROWN UPI).

Search Patien	t Resu	lts									😮 He	elp
Back to Search												
EQRS Patient ID (aka CROWN UPI)	First Name	Middle Initial	♦ Last Name	🗘 Gender 🖨	Date of Birth	♦ Date of Death	Social Security Number	♦ HICNUM ♦	Medicare Beneficiary Identifier	<b>†</b>	SIMS UPI 🗧	¢
<u>3100008572</u>	Itsa		Patient	F	01/01/1960		XXXXX1234	N/A	N/A			
And Pag	e <mark>Siz</mark> e									📢 Prev	1 Next 🕽	♦
Showing 1 to 1 of 1 results 1	0.	~										
4				_	_						-	F

## Click Form 2728

# View the patient's demographics and click the **Form 2728** link.

MANAGE PATIENT	View Patient Demogra	phics (Itsa Patient - 3100	0008572)
Patient		<b>∂</b> *Edit	🕜 Help
Patient History			Collapse All
Admissions	Patient Information		^
Treatments Form 2728	Patient's first name:         Itsa         Patient's last name:         Patient         Date of birth:         01/01/1960         Social Security Number:         XXXXX1234         Medicare Beneficiary Identifier:         N/A	Middle initial: Suffix: Gender: F	

# **Existing 2728 Forms: Initial Dialysis**

#### Click the Initial Dialysis link.

MANAGE PATIENT	Manage Fo	rm 272	28 (Itsa	a Patient	- 3100	00857	2)	🛿 Help
Patient								
	Eligible 2728 Forms	\$	Admit Date	🗢 🛛 Admit Facil	ity 🗘	Due Date		\$
Patient History			No F	orm 2728 is required fo	r this patient.			
Admissions	4							Þ
Treatments								
Form 2728								
F011112126	Existing 2728 Forms	🗢 Status	🗧 🗘 Admit	Facility	¢	Due Date	Date Submitted	<b>\$</b>
	Initial Dialysis 🗗	Saved	ABC	DIALYSIS		10/09/2020		
	CD i							Þ

# **Click Edit**

### Click the **Edit** link.

view ESRD Medical Evidence	(2728) - Save	d	
Submit Date:	⊖Print		Delete <b>2</b> Help
A. COMPLETE FOR ALL ESRD PATIENT	<b>- 3100008572</b>	<u> </u>	<b>_</b>
<i>FormType:</i> Initial Dialysis			
(1) Patient's Last Name	First Name		МІ
Patient	ltsa		
(2) Medicare Beneficiary Identifier o	r Social Security Nun	nber	(3) Date of Birth
XXX-XX-1234			01/01/1960
(4) Patient Mailing Address			(5) Phone Number
123 Patient Lane			
Tampa, FL 33607			
(6) Sex	(7) Ethnicity		(8) Country/Area of Origin or
Female	Not Hispanic or Lati	no	Ancestry
(9) Race			(10) Is patient applying for ESRD
White			Medicare coverage?
Asian			Yes

# **View Section E**

#### Scroll down to Section E.

dit an ESRD aved	Medical Evide	ence (2728) -	
		⊖Print	😯 Helj
	OMB CON	TROL NUMBER 0938-0046 Expir	es 11/30/202
		Expa	nd All
A. COMPLETE FOR ALL ESRD	PATIENTS - 3100008572		^
*Check One:			
✓ Initial	Re-entitlement	Supplemental	
(1) *Patient's Last Name	*First Name	МІ	
Patient	Itsa		
(2) Medicare Beneficiary Identifie XXX-XX-1234	er or Social Security Number	(3) *Date of Birth 01/01/1960	

# **Enter Date Physician Signed**

#### Enter the date the physician signed the form.

E. PHYSICIAN IDENTIFICATION	^
(45) *Attending Physician	(46) Physician's Phone No.
Nick Fury ~	
(47a) UPIN of Physician in item 45	(47b) NPI of Physician in item 45 1780762971
PHYSICIAN	ATTESTATION
I certify, under penalty of perjury, that the information on this form is correct to the best of my kn patient has reached the stage of renal impairment that appears irreversible and permanent and information is intended for use in establishing the patient's entitlement to Medicare benefits and me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws. (49) *Date	requires a regular course of dialysis or kidney transplant to maintain life. I understand that this
Month Day DD	Year YYYY
(52) Remarks	

### **Enter Date Patient Signed and Submit**

#### Enter the date the patient signed the form and click Submit.

F. OBTAIN SIGNATURE FROM PATIENT	^
I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or ot Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement unc	
(54) *Date	
Month     Day       MM     DD	Year YYYY
Form Entered Date:	Network:
04/15/2021	10
GFR Calculation Method:	GFR:
MDRD IDMS standardized	0.0
	Save Submit Cancel

## **Successful Submission**

# EQRS displays the "Successfully submitted form 2728" message.

Successfully submittee	d form 2728.			
View ESRD Medical Evi	dence (2728) – Submitted			
		<b>⊖</b> Print	😯 Help	
Submit Date: 06/24/2021				OMB CONTROL NUMBER 0938-0046 Expires 11/30/2022
A. COMPLETE FOR ALL ESRD	PATIENTS - 3100021521			
FormType: Initial Dialysis				
(1) Patient's Last Name	First Name			МІ
Patient	Itsa			
(2) Medicare Beneficiary Ide	ntifier or Social Security Number			(3) Date of Birth
XXX-XX-2828				12/12/1921
(4) Patient Mailing Address				(5) Phone Number

### **Pop Quiz**





### **Add Treatment Information**

## Form Signed: Click Patients

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸		
		MANAGE	My access
		My access	my access
		Request access	Click each application to view your approved roles and the organizations you have access to.
		Pending requests	
			EQRS
		PROFILE	<u>View access</u>
		Profile information	

## **Click Search Patients**

#### Click Search Patients in the Patients sub-menu.

EQRS Dashbo	oard Facilities 🗸	Patients 🗸 Repo	orts
	MANAGE AC My access Request acce Pending requ	Admit a Patient Manage Clinica Clinical Depres Action List	<sup>t</sup> <b>My access</b>
			EQRS
	PROFILE		View access
	Profile inform	nation	

### **Enter Search Criteria**

#### Enter search criteria to locate patient and click Submit.

Search Patients			
Use the criteria below to search for a patient.			🕜 Help
SEARCH			
Patient criteria		Criteria	Clear all
Patient's First Name	Patient's Last Name	Patient's First Name	
Itsa	Patient	😆 Itsa	
		Patient's Last Name	
Medicare Beneficiary Identifier	Social Security Number	O Patient	
		Admitted Facility	
		ABC DIALYSIS	
HICNUM	EQRS Patient ID (aka CROWN UPI)		
			Submit
			<ul><li></li></ul>
SIMS UPI	Gender		$\Box$
	~		
	Ť		

# **Click EQRS Patient ID**

### Click the EQRS Patient ID (aka CROWN UPI).

Search Patie	nt Resu	ılts									😮 Helj	р
Back to Search												
EQRS Patient ID (aka CROWN UPI)	First Name	Middle Initial	😂 Last Name	♦ Gender	Date of Birth	Date of Death	Social Security Number	♦ HICNUM ♦	Medicare Beneficiary Identifie	r \$	SIMS UPI 🔶	
<u>3100008572</u>	Itsa		Patient	F	01/01/1960		XXXXX1234	N/A	N/A			
շիդ	Page Size									📢 Prev	1 Next 🕨	•
Showing 1 to 1 of 1 results	10	~										
¢	_	_	_	_						_	)	ŀ

### **Click Treatments**

# View the patient's demographics and click the **Treatments** link.

MANAGE PATIENT	View Patient Demogra	phics (Itsa Patient	- 3100	008572)
Patient			<b>∂</b> Edit	🕑 Help
Patient History				Collapse All
Admissions	Patient Information			^
Treatments	Patient's first name: Itsa Patient's last name: Patient	Middle initial: Suffix: Gender: F		
	Date of birth: 01/01/1960 Social Security Number: XXXXX1234			
	Medicare Beneficiary Identifier: N/A			

# **Click Admit Date**

#### Click the Admit Date link.

View p	patient trea	tn	nents (I	tsa	a Patient	- 3	100008572)			0	Help
Select an adı	mission to view associat	ed ti	reatments.								
Admit Date	Admit Reason	¢	Discharge Date	¢	Discharge Reason	¢	Facility Name	\$ Facility CCN	¢	Facility NPI	¢
<u>08/25/2020</u>	New ESRD Patient Page Size						ABC DIALYSIS	123456	4	123456781 (Prev 1 Nex	-
Showing 1 to	1 of 1 results 10		~			_					Þ

## **Click New Treatment**

#### Click the **New Treatment** link.

ect an admission to vie						
dmit Date 🗢 Admit Re	eason 🗘 Di	)ischarge Date	Discharge Reason	Facility Name		Facility NPI
8/25/2020 New ESF	RD Patient			ABC DIALYSIS	123456	1234567819
	Page Size					<b>€</b> Prev <b>1</b> Next
	10 nary (08/25/	× /2020)				
-					ONew Treatment	<b>2</b> He
eatment Summ		2020)	🗢 Transplant Statu	s 🗢 🖨 Attending Practitione		€ NPI
eatment Summ	ary (08/25/ Treatment	<b>/2020)</b> cility/Center	Transplant Statu N/A	s 🔶 Attending Practitione Fury, Nick	_	
eatment Start Date	ary (08/25/ Treatment Dialysis Fac	<b>/2020)</b> cility/Center			_	_

### **Submit New Treatment**

#### Enter the new treatment information. Click Submit.

Dialysis Treatment Information					^
Treatment Start Date *					
Month Day Year	·				
09 01 20	020				
Primary Dialysis Setting *		Dialysis Time Period			
	~			~	
Expected Self-care Setting					
	~				
Primary Type of Treatment *		Sessions Per Week	Time Per Se	ssion (minutes)	
CAPD	~				
Attending Practitioner *		Attending Practitioner UPIN		Attending Practitioner NPI	
Grey, Meredith	~			7234567890	
Type of Dialysis Training					
	~				
Dialysis Training Start Date		Dialysis Training End Da	ate		
Month Day Year		Month	Day	Year	
MM DD YY	(YY	MM	DD	YYYY	
			Can	cel Subm	it

## **Successful Submission**

### EQRS displays the "Treatment added successfully"

#### message.

			v	New Treatment	🕘 H
reatment Start Date 🗧	Treatment	Transplant Status	Attending Practitioner	¢ UPIN	¢ NPI
9/01/2020	Home CAPD	N/A	Grey, Meredith		7234567890
8/25/2020	Dialysis Facility/Center Hemodialysis	N/A	Fury, Nick		1780762971
Page owing 1 to 2 of 2 results 10	e Size ✔				♥Prev 1 Next
Successful					
Treatment added suc					
Treatment added suc		:020)	€Edit	<b>™</b> Delete	<b>∂</b> H
	rmation (09/01/2	:020)	₽Edit	<b>@</b> Delete	<b>9</b> H
ew Treatment Infor Treatment information Treatment Start date: 09/01/2020 Primary Dialysis Setting:	rmation (09/01/2 Submit date: 09/04/2020 Dialysis Time F		Expected Self-care Setting:	<b>⊞</b> Delete	
ew Treatment Info	rmation (09/01/2 Submit date: 09/04/2020 Dialysis Time F N/A	Period:		<b>⊞</b> Delete	
ew Treatment Infor Treatment information Treatment Start date: 09/01/2020 Primary Dialysis Setting: Home Primary Type of Treatment	rmation (09/01/2 Submit date: 09/04/2020 Dialysis Time H N/A : Sessions Per W N/A	Period:	Expected Self-care Setting: N/A Time Per Session (minutes):	û Delete	



### **Enter Clinical Information**

## **Click Patients**

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸 I	Patients V Reports	
		MANAGE ACCESS	My access
		My access	My access
		Request access	Click each application to view your approved roles and the organizations you have access to.
		Pending requests	
			EQRS
		PROFILE	View access
		Profile information	

# **Click Manage Clinical**

#### Click Manage Clinical in the Patients sub-menu.

EQRS	Dashboard Facilitie	es 🗸 Patients 🗸	Reports
	M	ANAGE Search Pa Admit a P y acce Manage Q Quest a Clinical De Action Lis nding requests	a Patient e Clinical Depression Click each application to view your approved roles and the organizations you have access to.
			EQRS
	PR	OFILE	View access
	Pro	ofile information	

### **Patient Search**

# Select the search criteria for the desired patient and click **Search Patients**.

Manage Patient Clin	ical	Values						🕑 Help
Info     No clinical data for selected facility, patient, a	and clinica	l month.						
Patient Search								^
ABC DIALYSIS Collection Type *		Clinical Month *		Last Name Group			Patient Clinical Status	
Hemodialysis	*	June 2021 (Open)	~			~		~
Search Patients	ŋ	Select Patient Eight, Patient (3100020535)				~		
EQRS Patient ID	Patient Na	ne	Date of Birth		Medicare Beneficiary Identifier			
<u>3100020535</u>	Patient Eig	ht	03/15/1960					
No Clinical Data Available for All Collection Types					Sa	ave	Reset Submit	Delete

### Set Common Lab Test Date

# Indicate the Common Lab Test Date to support data reporting efforts and Click **Apply**.

		C
Month	Day	Year
06	25	2021
	Apply	
	<u>_</u> m	

Common Lab Test Date: 06/25/2021

### **Enter Anemia Management**

# Review and enter Anemia Management data, if applicable.

Anemia Management				
Hemoglobin (Hgb) (g/dL) *	Month	Day	Year	
10	08	25	2020	N/A
Ferritin (ng/mL) *	Month	Day	Year	
2000	08	25	2020	N/A
Iron Saturation (TSAT) (%) *	Month	Day	Year	
60	08	25	2020	N/A
Reticulocyte Hemoglobin (CHr) (pg) *	Month	Day	Year	
30	08	25	2020	N/A
	,			

## **Enter Adequacy**

#### Review and enter Adequacy data, if applicable.

Adequacy		
Kt/V *	Month Day	Year
1.2	08 26	2020 N/A
Kt/V Method		
UKM (Urea Kinetic Modeling)		
Blood Urea Nitrogen (BUN) Pre-Dialysis (mg/dL) *		
100		N/A
BUN Post-Dialysis (mg/dL) *		
35		N/A
Pre-Dialysis Weight *	Pre-Dialysis Weight Unit	
77	kg	✓ N/A
Post-Dialysis Weight *	Post-Dialysis Weight Unit	
75	kg	✓ N/A
Delivered Minutes of BUN Hemodialysis Session *		
240		N/A
Height *	Height Unit	
196	cm	▼
Serum Creatinine (mg/dL) *	Month Day	Year
12.3	MM DD	YYYY N/A
Normalized Protein Catabolic Rate (nPCR) *	Month Day	Year
	MM DD	YYYY 🔽 N/A
Total Number of Dialysis Sessions During the Clinical Month		
13		

# **Add Ultrafiltration**

### Review and Add Ultrafiltration data, if applicable.

Help
-
~
~

### **Enter Medication Reconciliation**

# Review and enter Medication Reconciliation data, if applicable.

Medication Reconciliation				
Medication Reconciliation Clinician Type	1	Month	Day	Year
Nurse 🗸		06	20	2021
Medication Reconciliation Clinician Name				
Nurse Wilson				

### **Enter Mineral Metabolism**

# Review and enter Mineral Metabolism data, if applicable.

Mineral Metabolism				^
Phosphorus (mg/dL) *	Month	Day	Year	
7.1	06	25	2021	N/A
Phosphorus Method				
Serum 🗸				
Uncorrected Calcium (mg/dL) *	Month	Day	Year	
10.0	06	25	2021	N/A
Corrected Calcium (mg/dL) *	Month	Day	Year	
9.3	06	25	2021	N/A
Serum Albumin (g/dL) *	Month	Day	Year	
2.7	06	25	2021	N/A
Serum Albumin Lower Limit (g/dL)				
				N/A
Serum Albumin Lab Method				
BCG				□ N/A

### **Erythropoietin Stimulating Agents (ESA)**

Review and provide ESA data, as needed.

ESA Date = Date of the most recent prescription

ESA Monthly Dose:

- In-center Patients = Amount administered
- Home Patients = Amount prescribed

ESA					
ESA Administered *	Month	Day	Year		
Yes 🗸	06	20	2021		N/A
ESA Agent Prescribed *					
Epoetin Beta 🗸 🗸					N/A
Other ESA Agent Prescribed					
ESA Monthly Dose *					
15,000	Units			•	N/A
Other ESA Monthly Dose Measure					
ESA Route Select one route					
SC (Subcutaneous)					

# **Add Infection**

#### Review and Add Infection data, as needed.

Infection										^
No Infection Data Available			I/A							🕑 Help
Infection ID	Infection Requires Hospitalization				Infection Hospitalization D	ate		Edit	Delete	
31000057352	Infection does not require hospitalization				N/A			đ	·	Û
31000057351	Infection requires hospitalization				04/04/2021			6	•	۵
Infection ID: Not Yet Assigned										
Infection Requires Hospitalization *			Month	Day		Year				
Infection requires hospitalization	~		MM	D	D	YYYY	N/	A		
Add	Reset	Cancel		_						

### **Enter Iron**

Review and enter Iron data, if applicable.

Iron Date = Date of the most recent prescription

Iron Dose:

- In-center Patients = Amount administered
- Home Patients = Amount prescribed

Iron		
Intravenous (IV) Iron Administered *	Month Day Year	
Yes 🗸	MM DD YYYY	N/A
Intravenous (IV) Iron *		
~		N/A
Other Intravenous (IV) Iron		
Intravenous (IV) Iron Dose *		
5000	mg 🗸	N/A
Other Intravenous (IV) Iron Dose Measure		
Oral (PO) Iron Prescribed *	Month Day Year	
Oral Iron Prescribed 🗸	MM DD YYYY	N/A
Oral (PO) Iron *		
Ferrous Fumarate 🗸		N/A
Other Oral (PO) Iron		
Oral (PO) Iron Dose *		
5000	mg 🗸	N/A
Other Oral (PO) Iron Dose Measure		

# **Enter Fluid Weight Management**

# Review and enter Fluid Weight Management data, if applicable.

Fluid Weight Management			
Post-Dialysis Target Weight for Session *	Month	Day	Year
Was Prescribed 🗸	08	26	2020

### **Enter Hospitalization**

# Review and click **Add** to enter Hospitalization data, if applicable.

Hospitalization							^
No Hospitalization Data Available		N/A				•	🛛 Help
Hospitalization ID	Admission Date	All Hospital Visits	Name of Hospital	Discharge Date	Edit	Delete	
31000058020	04/25/2021	Emergency Room (ER) Visit	ABC Hospital	04/30/2021		1	ŵ
Hospitalization ID: Not Yet Assigned							
Admission Date *							
Month Day	Year		All Hospital Visits *				
06 26	2021	□ N/A	Hospitalization	~		N/A	
Discharge Date *							
Month Day	Year		Name of Hospital *				
06 28	2021	N/A	ABC Hospital			N/A	
Add Jun	Reset	Cancel					

# **Enter Vaccination**

#### Review and enter Vaccination data, as needed.

Vaccination		
	Influenza Vaccination Date	
Administration of Influenza Vaccination Documented *	Month Year	
Yes 🗸 🗸	12 2020	
Where Influenza Vaccination Received		
Documented at Facility 🗸		
Reason No Administration of Influenza Vaccination Documented		
Medical Reason: Allergic or Adverse Reaction		
Other Medical Reason		
Declined		
Other Reason		
Outside vaccination reported but no documentation		
Vaccine data not available		
Administration of PPSV23 Pneumococcal Vaccination Documented *	Most recent PPSV23 Vaccination Year	
Administration of PPSV23 Pheumococcat vaccination bocumented *	Year	
No	YYYY	
Where PPSV23 Pneumococcal Vaccination Received		
~		
Reason No Administration of PPSV23 Pneumococcal Vaccination		
Documented Select as many as apply		
Medical Reason: Allergic or Adverse Reaction		
Other Medical Reason		
Declined		
Other Reason		
Outside vaccination reported but no documentation		
Vaccine data not available		

## Enter Vaccination (continued)

Administration of PCV13 Pneumococcal Vaccination Documented *		<b>lost recent PCV13 Vaccina</b> Jear	tion Year
No	•	YYYY	
Where PCV13 Pneumococcal Vaccination Received			
· · · · · · · · · · · · · · · · · · ·	·		
Reason No Administration of PCV13 Pneumococcal VaccinationDocumentedSelect as many as apply			
Medical Reason: Allergic or Adverse Reaction			
Other Medical Reason			
Declined			
Other Reason			
Outside vaccination reported but no documentation			
Vaccine data not available			

## Enter Vaccination (continued)

Hanatitic & Vaccination Not Despined				
Hepatitis B Vaccination Not Received				
Reason No Hepatitis B Vaccination				
*				N/A
Hepatitis B Exclusion Reason				
~				N/A
Hepatitis B Vaccination Initial 1	Month	Day	Year	
	12	01	2020	N/A
Hepatitis B Vaccination Initial 2	Month	Day	Year	
	01	01	2021	N/A
Hepatitis B Vaccination Initial 3	Month	Day	Year	
	02	01	2021	N/A
Hepatitis B Vaccination Initial 4	Month	Day	Year	
	ММ	DD	YYYY	N/A
Hepatitis B Booster Date 1	Month	Day	Year	
	ММ	DD	YYYY	N/A
Hepatitis B Booster Date 2	Month	Day	Year	
	ММ	DD	YYYY	N/A
Hepatitis B Booster Date 3	Month	Day	Year	
	ММ	DD	YYYY	N/A
Hepatitis B Booster Date 4	Month	Day	Year	
	ММ	DD	YYYY	N/A
Hepatitis B surface antibody (anti-HBs) *	Month	Day	Year	
3	04	04	2021	□ N/A
			Save	Reset Submit Delete
				116

# **Successful Submission**

# EQRS displays the "Successfully submitted clinical data" message.

Manage Patient	Cli	nical Values	3				Help
Successfull Successfully submitted clinical	data.						
Patient Search							^
ABC DIALYSIS Collection Type *		Clinical Month *		Last Name Group	9	Patient Clinical Statu	s
Hemodialysis	~	August 2020 (Open)	~		~		~
		Select Patient					
Search Patients		Patient, Itsa (3100008572)			~		
EQRS Patient ID	Patient	Name	Date of Birth		Medicare Beneficiary Identifier		
3100008572	Itsa Pai	tient	01/01/1960				
No Clinical Data Available for All Collec	tion Typ	es			Save	Reset	Submit Delete

### **Vascular Access: Patient Search**

#### Search for the desired patient by clicking Search Patients.

Manage Patient Clinica	l Values					🕑 Help
6 Info No clinical data for selected facility, patient, and clin	ical month.					
Patient Search						^
ABC DIALYSIS						
Collection Type *	Clinical Month *		Last Name Group		Patient Clinical Status	
Vascular Access 🗸	June 2021 (Open)	~		~		~
Search Patients	Select Patient Eight, Patient (3100020535)			~		
EQRS Patient ID Patient	t Name	Date of Birth		Medicare Beneficiary Identifier		
3100020535 Patient	t Eight	03/15/1960				
No Clinical Data Available for All Collection Types				Save	Reset	Submit Delete

### **Vascular Access: Indicate Access**

# Review and enter Vascular Access data, if applicable and then click **Submit**.

Vascular Access					^
Date of Reported Dialysis Session *	Month	Day	Year		
	04	30	2021	N/A	
Current Access Type *					
Catheter Only					
Date Access Type Changed *	Month	Day	Year		
	04	30	2021		
AV Fistula Usable Date	Month	Day	Year		
	MM	DD	YYYY	N/A	
AV Fistula Maturing				—	
				_	
Yes 🗸				N/A	
AV Fistula State					
Created 🗸				N/A	
AV Fistula Creation Date	Month	Day	Year		
	04	18	2021		
				N/A	
AV Graft Maturing					
No				N/A	
AV Graft State					
Not yet present 🗸				N/A	
			Save	Reset Submit	Delete
					119

### **Vascular Access: Submission**

EQRS displays the "Successfully submitted clinical data" message.

Manage Patient	: Cli	inical Value	es				🕜 Help
Successful Successfully submitted clinical	data.						
Patient Search							^
ABC DIALYSIS Collection Type *		Clinical Month *		Last Name Group		Patient Clinical Status	
Vascular Access	~	August 2020 (Open)	~	Last Name Group	ιp ~	Patient clinical status	~
		Select Patient					
Search Patients		Patient, Itsa (31000085	72)		*		
EQRS Patient ID	Patien	nt Name	Date of Birth		Medicare Beneficiary Identifier		
3100008572	Itsa Pat	atient	01/01/1960				
No Clinical Data Available for All Colle	ction Typ	pes			Save	Reset Submit	Delete

### **Pop Quiz**





# **Enter Clinical Depression Data**

# Form Signed: Click Patients

#### Click **Patients** in the navigation menu.

EQRS Dashboard Facili	ties V Patients V Reports	
	MANAGE ACCESS	My access
	My access	
	Request access	Click each application to view your approved roles and the organizations you have access to.
	Pending requests	
		EQRS
	PROFILE	<u>View access</u>
	Profile information	

# **Click Clinical Depression**

#### Click Clinical Depression in the Patients sub-menu.

EQRS Dashboard Facilities <b>v</b>	Patients V Reports	
	Search Patients Admit a Patient Manage Clinical	My access
	Clinical Depression Action List Pending requ	
		EQRS
	PROFILE Profile inform	Nation

## **Depression Screening: Select Status**

#### Select the **Depression screening status** options:

- All
- Required
- Submitted

Clinical Depression Screening and Follow-Up Reporting								
FACILITY								
Facility CCN, NPI, and name:	Assessment period							
(123456 1234561235) ABC DIALYSIS	01/01/2021 - 12/31/2021							
PATIENT		🕲 Facility history						
Depression screening status	Patient name search							
Required	~	Q						
All								
Required	Screening status 🔶 La	st updated 🗢 Actions						
Submitted	Required	Report						
	Required	Report						
3100008232 Man, Spider	Required	Report						
3100008229 Captain	Required	Report						
3100008230 Panther, Black	Required	Report						
2100022040 Patient Ista	Populad	Pepert						

# **Click Report**

#### Review the list and click **Report** for the desired patient.

Clinical	😮 Help				
FACILITY					
Facility CCN, NPI,	and name:		Assessment period		
(123456 1234561	235) ABC DIALYSIS		01/01/2021 - 12/31/2	2021	
PATIENT					Secility history
Depression scree	ning status		Patient name search		
Required		~			Q
UPI	Patient name	¢	Screening status	Last updated	Actions
3100008231	Man, Iron		Required		Report
3100008232	Man, Spider		Required		Report
3100008229	Marvel, Captain		Required		Report
3100008230	Panther, Black		Required		Report

## **Submit Clinical Depression**

# Review the Clinical Depression options, make the necessary selection, and click **Submit**.

Clinical Depression Screening and Follow-Up Reporting for Man, Spider

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-Up Plan information for each eligible patient at least once during the calendar year.

The assessment periods are from 1/1 to 12/31 of each calendar year. Users can enter data during the entire assessment period and are given two months past the end of the assessment period 2/28 to complete their reporting. On 3/1 the previous year's assessment period closes and the reported values become read-only.

- Only required to be submitted for patients age 12 or older
- · Only required to be submitted for patients treated at the facility for 90 days or longer
- · Only required of facilities with at least 11 eligible patients during the assessment period selected
- · Only required of facilities with a CCN open date prior to April 1 of the assessment year selected

Please select one of the following options describing the clinical depression screening and (when necessary) the follow up plan documented for the patient.

- 🔵 Screening for clinical depression is documented as being positive, and a follow-up plan is documented 🖲
- 🔘 Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- 🔘 Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- 🔘 Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Cancel

Submit

## **Successful Submission**

EQRS displays a time stamp of the Clinical Depression Screening that was submitted and displays the "Clinical depression assessment reported successfully" message.

Clinical De	pression Screenin	g and E	Follow-Up Rej	porting	😮 Help
FACILITY					
Facility CCN, NPI, and na	ime:		Assessment period		
(123456 1234567890) A	BC DIALYSIS		01/01/2021 - 12/31/2021		
PATIENT					Facility history
Depression screening st	atus	F	Patient name search		
Required		~			Q
Required		~			
UPI 🗘	Patient name	¢	Screening status	Last updated	
3100008231	lan, Iron		Required		Report
3100008232	Aan, Spider		Submitted	06/28/2021, 5:40 pm	Report



## **Discharge a Patient**

# **Click Patients**

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸 P	Patients 🗸 Reports		
		MANAGE ACCESS	My access	
		My access	My access	
		Request access	Click each application to view ye	our approved roles and the organizations you have access to.
		Pending requests		
			EQRS	
		PROFILE	View access	
		Profile information		

# **Click Search Patients**

#### Click Search Patients in the Patients sub-menu.

EQRS D	ashboard Facilities 🗸	Patients 🗸	Reports
	MANAGE AC My access Request acce Pending req	Admit a Pa Manage Cl Clinical De Action List	tient <b>My access</b> linical pression Click each application to view your approved roles and the organizations you have access to.
			EQRS
	PROFILE		View access
	Profile inform	nation	

## **Enter Search Criteria**

#### Enter search criteria to locate patient. Click Submit.

Search Patients			
Use the criteria below to search for a patient.			🕑 Help
SEARCH			
Patient criteria		Criteria	Clear all
Patient's First Name	Patient's Last Name	Patient's First Name	
Patient	One	🙁 Patient	
		Patient's Last Name	
Medicare Beneficiary Identifier	Social Security Number	One Admitted Facility	
		ABC DIALYSIS	
HICNUM	EQRS Patient ID (aka CROWN UPI)		Submit
			- In
SIMS UPI	Gender		
	~		

# **Click EQRS Patient ID**

#### Click the EQRS Patient ID (aka CROWN UPI).

Search Patien	t Resu	lts									😮 He	elp
Back to Search												
EQRS Patient ID (aka CROWN UPI)	First Name	♦ Middle Initial	♦ Last Name	🗘 Gender 🖨	Date of Birth	♦ Date of Death	Social Security Number	♦ HICNUM ♦	Medicare Beneficiary Identifier	<b>†</b>	SIMS UPI 🗧	¢
<u>3100008572</u>	Itsa		Patient	F	01/01/1960		XXXXX1234	N/A	N/A			
	e <mark>Siz</mark> e									📢 Prev	1 Next 🕽	♦
Showing 1 to 1 of 1 results 1	0.	~										
4				_	_						-	F

# **Click Admission**

# View the patient's demographics and click the Admissions link.

MANAGE PATIENT	View Patient Demographic	cs (Patient One - 31000	08606)	
Patient			<b>∂</b> Edit	😮 Help
Patient History				Collapse All
Admissions	Patient Information			^
Treatments	Patient's first name:	Middle initial:		
Form 2728	Patient' Patient's last name:	Suffix: Gender:		
	One	Μ		
	Date of birth:			
	01/01/1940			
	Social Security Number:			
	XXXXX9876			
	Medicare Beneficiary Identifier:			
	N/A			
	Medicare Claim Number:			
	N/A			

# **Click Admit Date**

#### Click the Admit Date link.

View Patient Admissions (Patient One - 3100008606)						🕜 Help
Admit Date	eason 🗢	Discharge Date	Discharge Reason	♦ Facility Name	♦ Facility CCN	♦ Facility NPI
01/10/2020 New ESF	RD Patient			ABC DIALYSIS	123456	1234567891
2	Page Size					€Prev 1 Next >>
Showing 1 to 1 of 1 results	10	~				
4						4

# **Click Edit**

# Review the Admission Information and click the **Edit** link.

View Admission Inf	ormation (01/10/2020)			
		<b>∂</b> Edit	Delete	🕑 Help
Admission informatio	on			^
Admit date:	Admit reason:	Submit date:		
01/10/2020	New ESRD Patient	09/10/2020		
Facility CCN:	Facility NPI:	Facility name:		
123456	1234567891	ABC DIALYSIS		
Discharge date:	Discharge reason:	Transfer discharge		
09/02/2020	Discontinue	subcategory:		
		N/A		

# **Click Submit**

#### Enter the discharge information and click Submit.

Admission Information ^ Admit Facility * ABC DIALYSIS Admit Date * Discharge Date Month Day Year 0 1 2 2020 Discharge Reason New ESRD Patient * Discontinue * Transfer Discharge Subcategory * Cancel Submit	dit Admission Information (01/10/2020)		😯 Help
ABC DIALYSIS  Admit Date   Month Day Year   Month Day Year   01 10 2020   09 02 2020    Admit Reason   New ESRD Patient      Discontinue  Transfer Discharge Subcategory	Admission Information		^
Admit Date Discharge Date   Month Day   1 10   2020   Admit Reason   Month Day   Year   09   02   2020   Discharge Reason   Discontinue   Transfer Discharge Subcategory	Admit Facility *		
Month Day Year   01 10 2020     Admit Reason* Discharge Reason   New ESRD Patient       Transfer Discharge Subcategory	ABC DIALYSIS		
01 10 2020   Admit Reason* Discharge Reason   New ESRD Patient *   Transfer Discharge Subcategory	Admit Date *	Discharge Date	
Admit Reason*   New ESRD Patient   Vew ESRD Patient	Month Day Year	Month Day Year	
New ESRD Patient	01 10 2020	09 02 2020	
Transfer Discharge Subcategory	Admit Reason *	Discharge Reason	
	New ESRD Patient	Discontinue 👻	
Cancel Submit		Transfer Discharge Subcategory	
Cancel Submit		~	
Cancel Submit			
		Cancel	Submit

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# **Successful Submission**

# EQRS displays the "Admission record update successful" message.

Date 🗢 Admit Reaso	n 🗢 Discharge Date	Discharge Reason	Facility Name	Facility CCN	Facility NPI
/ <u>2020</u> New ESRD Pa	atient 09/02/2020 age Size	Discontinue	ABC DIALYSIS		<b>≪</b> Prev 1 Next
ng 1 to 1 of 1 results 1	0 ~				
Admission record					
	Information (01	/10/2020)			
		/10/2020)	₽Edit	<b>î</b> Delete	😯 Help
ew Admission	Information (01	/10/2020)	₽Edit	<b>î</b> Delete	🕑 Help
iew Admission Admission inform	Information (01 ation Admit rea	ason:	✓Edit Submit date:	Delete	
iew Admission Admission inform Admit date: 01/10/2020	Information (01 ation Admit rea New ESRE	<b>ason:</b> D Patient	<b>Submit date:</b> 09/10/2020	the second secon	
ew Admission Admission inform Admit date: 01/10/2020 Facility CCN:	Information (01 ation Admit rea New ESRE Facility N	<b>ason:</b> D Patient I <b>PI:</b>	Submit date: 09/10/2020 Facility name:	<b>î</b> ∎Delete	
iew Admission Admission inform Admit date: 01/10/2020 Facility CCN: 123456	Information (01 ation Admit rea New ESRE Facility N 1234567	<b>ason:</b> D Patient I <b>PI:</b> 7891	Submit date: 09/10/2020 Facility name: ABC DIALYSIS	î <b>î</b> Delete	
iew Admission Admission inform Admit date: 01/10/2020 Facility CCN:	Information (01 ation Admit rea New ESRE Facility N	ason: D Patient IPI: 7891 e reason:	Submit date: 09/10/2020 Facility name:	Delete	

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# **Complete a CMS-2746 Form**

# **Click Patients**

#### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸 F	Patients 🗸 Reports		
		MANAGE ACCESS	My agoos	
		My access	My access	
		Request access	Click each application to view ye	our approved roles and the organizations you have access to.
		Pending requests		
			EQRS	
		PROFILE	View access	
		Profile information		

# **Click Search Patients**

#### Click Search Patients in the Patients sub-menu.

EQRS	Dashboard Facilities 🗸	Patients 🗸	Reports
	MANAGE AG My access Request acco Pending req	Admit a P Manage C Clinical De Action Lis	Clinical Click each application to view your approved roles and the organizations you have access to.
	<b>PROFILE</b> Profile inform	nation	EQRS View access

## **Enter Search Criteria**

#### Enter search criteria to locate patient. Click Submit.

Search Patients			
Use the criteria below to search for a patient.			🕑 Help
SEARCH			
Patient criteria		Criteria	Clear all
Patient's First Name	Patient's Last Name	Patient's First Name	
Ima	Patient	😆 Ima	
		Patient's Last Name	
Medicare Beneficiary Identifier	Social Security Number	Patient	
		Admitted Facility ABC DIALYSIS	
HICNUM	EQRS Patient ID (aka CROWN UPI)		Submit
			6)
SIMS UPI	Gender		
	~		

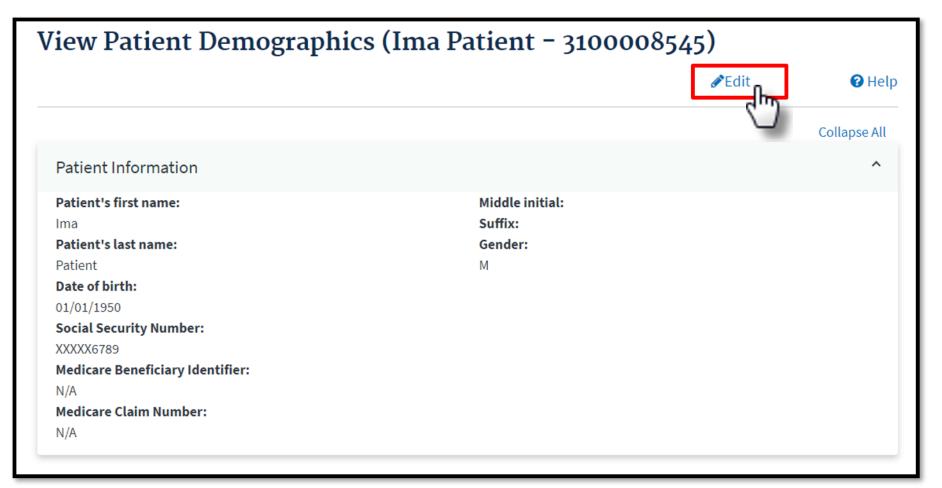
# **Click EQRS Patient ID**

#### Click the EQRS Patient ID (aka CROWN UPI).

Search Patient	Result	ts									<b>()</b> H	elp
Back to Search												
EQRS Patient ID (aka CROWN UPI)	First Name  🖨	Middle Initial	♦ Last Name	Gender 🔶	Date of Birth	♦ Date of Death ♦	Social Security Number	♦ HICNUM ♦	Medicare Beneficiary Identifier	÷	SIMS UPI	¢
<u>3100008572</u>	Itsa		Patient	F	01/01/1960		XXXXX1234	N/A	N/A			
Page S	Size									📢 Prev	1 Next	▶
Showing 1 to 1 of 1 results 10	*											
4				_	_						_	Þ

# **Click Edit**

#### View the patient's demographics and click the Edit link.



## **Click Medical Information**

### Expand the Medical Information section to enter the death information.

Edit Patient (Ima Patient - 3100008545)	🕄 Help
Complete the sections below to edit a patient in EQRS.	Expand All
Patient Information	
Patient's first name *	Middle initial
Ima	
Patient's last name *	Suffix
Patient	~
Ethnicity, race, tribe and origin	~
Contact Information	~
Miscellaneous Information	~
Medical Information	~
	Cancel Submit

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## **Click Submit**

### Indicate the date and cause of death. Click Submit.

Effective	date *				
Month	Day	Year			
01	01	2010			
Death da	ite				
Month	Day	Year			
09	09	2020			
<b>Death co</b> Hypoglyc	<b>de descrip</b> emia	ption	~		
Death co	de				
100					
					_

## Click Form 2746

### EQRS displays **Successfully edited patient** message. Next click the **Form 2746** link.

ANAGE PATIENT	Successful			
Patient	Successfully edited patient.			
atient History				
dmissions	View Patient Demograpl	nics (Ima Patient - 31000	08545)	
reatments			<b>∂</b> Edit	😮 Hel
orm 2728				Collapse All
orm 2746	Patient Information			^
2.0				
$\Box$	Patient's first name:	Middle initial: Suffix:		
	lma Patient's last name:	Gender:		
	Patient	M		
	Date of birth:			
	01/01/1950			
	Social Security Number:			
	XXXXX6789			
	Medicare Beneficiary Identifier:			
	N/A			
	Medicare Claim Number:			
	N/A			

## **Indicate Key Patient Info**

### Review the form and indicate Key Patient Info, as needed.

d a Death Notice (2	2746)		
		ОМ	B CONTROL NUMBER 0938-0448 Expires 11/30/
			Collapse All
Key Patient Info - 3100008545			^
(1a) Patient's Last Name Patient	(1b) First Name Ima		(1c) MI
(2)Patient's Sex Male	(3) Date of Birth 01/01/1950		(4) Medicare Beneficiary Identifier or Social Security Number XXX-XX-6789
(5) Patient State of Residence FL	(6) *Place of Death Home	~	(7) Date of Death 09/09/2020
(8) Modality at Time of Death Incenter Hemodialysis			I
9) Provider Name and Address (a) ABC DIALYSIS		(10) Provider Number 123456	
(b) Address Line 1:			
(c) Address Line 2:			
(d) Zip Code: 60440			
(e) City: BOLINGBROOK			
(f) State: IL			

## **Review Cause of Death**

# Review the Cause of Death and indicate any Secondary Causes, as needed.

11) Cause of Death			
(a) Primary Cause:			
100: Hypoglycemia			
(b)* Were there seconda	ary causes?		
No	~		
If Yes, specify:			
		*	
		<b>~</b>	
		~	
		~	
(c) If cause is other (98)	nlease specify:		

## Indicate Renal Replacement Therapy

Review and complete the Renal Replacement Therapy section, as needed.

2) *Renal replacement therapy discontinue	(a) If yes, check one of the following :	(b) Date	of last dial	ysis treatment	
or to death:		Month	Day	Year	
Yes	Following HD and/or PD access failu 💙	09	02	2020	
	t therapy after patient/family request to stop dialysis ?				
Ves	t therapy after patient/family request to stop dialysis ?				
Yes No	t therapy after patient/family request to stop dialysis ?				
Ves	t therapy after patient/family request to stop dialysis ?				

## **Indicate Transplant and Hospice Care**

# Review and complete the Transplant and Hospice section, as needed.

) If deceased ever received a transplant	(15) *Was the patient receiving Hospice care prior to death?
(a) Date of most recent transplant Month Day Year	Yes
	No
MM DD YYYY	O Unknown
(b) Type of transplant received	
C Living Related	
C Living Unrelated	
Deceased	
◯ Unknown	
(c) Was graft functioning(patient not on dialysis) at time of death?	
◯ Yes	
○ No	
OUnknown	
(d) Did transplant patient resume chronic maintenance dialysis prior to death?	
◯ Yes	
No	
O Unknown	

## **Click Submit**

### Complete the Physician section and click Submit.

			1780762971
Ar)*Person completing this form Meredith Grey Orm Information	~	*Date Month Day Yea 09 09 20	r )20
orm Entered Date: 9/10/2020		<b>Network Number:</b> 10	

## **Successful Submission**

# EQRS displays "Successfully submitted form 2746" message.

lew a Death Nutice	(2746) - Submit	ted	
	<b>⊖</b> Print		
		ОМ	B CONTROL NUMBER 0938-0448 Expires 11,
Kay Datiant Info - 2100008545			
Key Patient Info - 3100008545			
(1a) Patient's Last Name	(1b)First Name		(1c) MI
Patient	Ima		
(2) Gender	(3)Date of Birth		(4) Medicare Beneficiary Identifier or Social
Male	01/01/1950		Security Number
			XXX-XX-6789
(5) Patient State of Residence	(6)Place of Death		(7)Date of Death
FL	Home		09/09/2020
(8) Modality at Time of Death			
Incenter Hemodialysis (9) Provider Name and Address		(co) Duraidan Namban	
		(10) Provider Number	
		123456	
(a) ABC DIALYSIS			
(a) ABC DIALYSIS (b) Address Line 1:			
(b) Address Line 1:			

## **Pop Quiz**





## **Resolve Accretions**

### What is an Accretion?

### Accretion:

An ESRD patient identified in another CMS database that appears to be associated with your facility in the CMS database but is not currently admitted to your facility in EQRS.

Accepting an accretion walks you through admitting the patient to your facility in EQRS.

### What Does Each Action Do?

You can take the following actions on accretions:

**ACCEPT** – You agree with the external source and will admit the patient to your facility in EQRS.

**INVESTIGATE** – This informs other users that the accretion is "under investigation" by you.

**ESCALATE TO NETWORK** – The patient is not in your facility. This option escalates the accretion to your network so they can reassign it to the correct facility.

## **Click Patients**

### Click **Patients** in the navigation menu.

EQRS	Dashboard Facilities 🗸 P	Patients 🗸 Reports		
		MANAGE ACCESS	My access	
		My access	My access	
		Request access	Click each application to view ye	our approved roles and the organizations you have access to.
		Pending requests		
			EQRS	
		PROFILE	View access	
		Profile information		

## **Click Action List**

### Click Action List in the Patients sub-menu.

$EQRS$ Dashboard Facilities $\checkmark$	Patients 🗸	Reports			
	Search Pa Admit a F Manage ( Clinical D Action Lis	'atient Clinical epression	MANAGE ACCESS My access Request access Pending requests PROFILE Profile information	My access Click each application to view y EQRS View access	rour approved roles and the organizations you have access to.

### **Enter Filter Actions**

### Enter Action Status and click Filter.

Action List - 5 Re	cords Found
Filter Actions	
Action Type *	
Accretion	~
Action Status *	Assigned To *
🗸 New	ABC DIALYSIS S
Under Investigation	
Escalated	
Reassigned	
Clear Filter	Filter

## **Click Accretion Link**

### Click the Accretion link in the Action Type section.

Action List				
Below is a list of notifications and accretions that match your filters. You may adjust your filters as much as you need.				
Action Type	÷	Assigned To 🗢	Days Open 🗢	
Accretion: Patient ABC SSN:XXX-XX-4506		ABC Dialysis	10	
Accretion: Patient ABC SSN:XXX-XX-2908		ABC Dialysis	10	
Accretion: Patient ABC SSN:XXX-XX-5204		ABC Dialysis	10	
Accretion: Patient ABC SSN:XXX-XX-7802		ABC Dialysis	10	
Accretion: Patient ABC SSN:XXX-XX-2109		ABC Dialysis	10	
Pa	age Size		📢 Prev 1 Next 🕪	
Showing 1 to 5 of 5 results	10 ~			
4			•	

## **View Accretion**

### Click the accordion to view accretion information.

View Accretion	😯 Help
Accretion Details	~
Key Patient Information	â
First Name: Last Name:	2"
Gender: Female Date of Birth: 11/21/1942	
State: Zip Code: 34655	
Social Security Number: XXX-XX-4506 Medicare Claim Number: 0XXXX506A Medicare Beneficiary Identifier:	
Facility & Treatment Information	*
Comment History	<b>*</b> .
Accretion Actions	^
Assign Action Status *	
Cancel Submit	

### **Accretion Accepted**

### Select Accept under the Assign Action Status to accept accretion.

EQ	RS Dashboard Facilities V Patients V Reports	
	View Accretion	🛛 Help
	Accretion Details	~
	Key Patient Information	~
	Facility & Treatment Information	~
	Comment History	~
	Accretion Actions	^
	Assign Action Status *	
	Accept Cancel Submit	

## **Submit Accretion**

### Click the **Submit** button to submit accretion.

EQRS Dashboard Facilities V Patients V Reports			
	View Accretion	🕜 Help	
	Accretion Details	~	
	Key Patient Information	~	
	Facility & Treatment Information	~	
	Comment History	~	
	Accretion Actions	^	
	Assign Action Status *		
	Accept 🗸		
	Cancel Submit		

### **Accretion: Admit Patient**

### Complete the patient admission process.

Help     Expand All     Middle initial
^
Middle initial
Suffix
Gender *
Female ×
N/A
F



## **Resources and Evaluation**

### www.MyCROWNWeb.org



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Input	search	criteria
		01110110

Search

#### Sign Up for Mailing List

Enter your information below to receive updates on system trainings, project information, and monthly newsletters!

Enter your email

First name

Last name

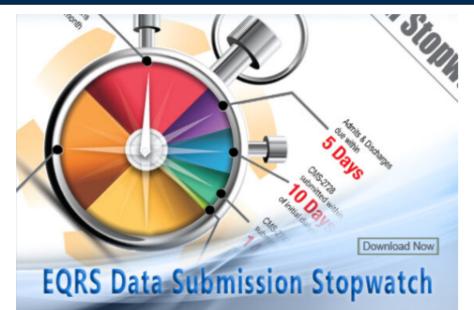
Company

Subscribe

powered by MailMunch

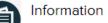
#### ESRD Systems Data Management Guidelines

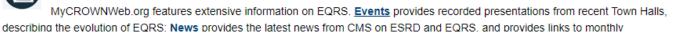
ESRD Systems Data Management Guidelines PDF.



#### Learn About EQRS

**MyCROWNWeb.org** provides a number of tools to help the ESRD community become better users of the EQRS system. Please visit the pages and quick links on the website for more information on the End Stage Renal Disease (ESRD) Quality Reporting System (EQRS). Please check out the <u>Latest Official News from CMS</u> and <u>Event Announcements</u> for more latest news.





Home Events Education News

HARP Training Materials

ESRD QIP UI Quick Start Guide

ESRD Systems Data Management

Important Links

Guidelines

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### **Education tab**



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#### **Educational Resources**

#### Input search criteria

Search

### Educational Resources Navigation

#### EQRS Minimum Computer Specifications Virtual Training Calendar

#### ESRD Systems Data Management Guidelines

ESRD Systems Data Management Guidelines PDF.



#### **Online Help Portal**

Visit the EQRS Help Portal to ask your questions directly to the Help Desk or the EOCT staff.

#### HOW CAN WE HELP YOU TODAY? Technical Support V Hore with the search is it, to contract a character of a final of Training Support V Horizens to it is contract, or contract, or Instruments to its Contract, or



#### EQRS Educational Resources

MyCROWNWeb offers many different training and educational tools to help new and experienced users of EQRS. Please visit the pages listed below to find the best educational resources for you: Virtual Training Calendar

**ESRD** Quality Incentive

Program:

#### EQRS Resources:

- EQRS Data Submission Stopwatch
- EQRS Quick Start Guide
- ★ Form (2728, 2746) Modifications Process Update
- EQRS: Patient Admit/Discharge
   <u>Guidance</u>
- ★ EQRS Minimum Computer Specifications
- ★ <u>CMS-2744 Annual Facility Survey</u> <u>Training</u>

#### HARP Training

- ★ HARP Training
  - ★ HARP Training Recording Revised on: 04/02/2020
  - ★ HARP Training PDF Revised on: 04/02/2020
  - ★ HARP Quick Start Guide Revised on: 04/02/2020

#### The new End-Stage Renal Disease Quality Incentive Program (ESRD) Facility User Quick Start Guide is now available in <u>PDF</u>.

ESRD QIP Training Slides

06/01/2018

 <u>ESRD QIP System Preview Period</u> Training Video