



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

ESRD Quality Programs Support (ESRD QPS)

Form CMS-2728:

Question and Answer Summary Document

This document is based on questions asked and answered during the September 17, 2024, Monthly EQRS Stakeholder Meeting. Event slides as well as an event recording and transcript are available on the events page of the MyCROWNweb website at: <https://mycrownweb.org/events/>.

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

Additional questions can be asked using the QualityNet Help Desk:

- By email at qnetsupport-esrd@cms.hhs.gov
- With an Online Ticket submission at https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

Question Response Authors:

Alissa Kapke, MS
Arbor Research Collaborative for Health

Tricia Phulchand, BSN, RN
Quality Insights

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

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Questions and responses are arranged in the sections noted below:

Submission and Signature Questions

Section A Questions

Section A Q1-20 (Demographics, co-morbid conditions, prior to ESRD therapy questions):

Section A Q21-29 (Questions Related to Lab Values):

Section B Questions

Section C-F Questions

Submission and Signature Questions:

Question 1: Can you mail Form CMS-2728 or send it via fax to the Social Security office?

Forms should be mailed, but you can check with your local office for preferences.

Question 2: Is there a fillable pdf document available, or only the one to print out and fill in manually?

There is not currently a fillable pdf. You will need to print the form and complete it manually. It is recommended to print the form from EQRS.

Question 3: Please confirm that we should not admit a patient in EQRS who is a transient.

That is correct; however, New to ESRD patients/New to this country patients should be admitted as New ESRD and a Form CMS-2728 should be completed regardless of the length of time the patient is admitted.

Question 4: I have a traveler here from Brazil and it is her first time in the US. Do I need to submit the form for her?

Yes, you are responsible for completing a Form CMS-2728 for any foreign visitor, regardless of the number of times they receive treatment at your facility.

Question 5: Would a Form CMS-2728 need to be completed if a patient does not have a Social Security number (for example they are not a US citizen)?

Yes, you are responsible for completing a Form CMS-2728 form for any foreign visitor or permanent resident without a Social Security Number,

regardless of the number of times they receive treatment at your facility.

Question 6: When will the physician sign the recertification line on Form CMS-2728? I have a re-entitlement form, and my physician signed on the re-certification signature line instead of the signature line.

There are times where SSA may ask for a Form CMS-2728 when technically the EQRS system does not require a form to be done. So, in those cases, a note can be written by the doctor and signed in that re-certification field.

Question 7: How long should we wait to see if the Form CMS-2728 is completed and batched into EQRS?

Please contact your internal corporate help desk.

Question 8: If a new In-Centre Hemodialysis (ICHHD) patient has a Form CMS-2728, but changed to Continuous Cycling Peritoneal Dialysis (CCPD), do we need to do a second Form CMS-2728 as a supplemental entitlement Form CMS-2728?

Yes, if the patient switches to a home modality from in-center within 90 days of the chronic dialysis start date.

Question 9: For patients changing modality from Peritoneal Dialysis (PD) to Hemodialysis, do we just change the modality in EQRS? Do we also need to do any re-entitlement?

Yes, you should add a treatment to reflect the modality change.

No, a re-entitlement is not needed but a supplemental is needed if the patient switches to a home modality from in-center dialysis within 90 days of the chronic start date.

Question 10: If a patient comes from another clinic and the Form CMS-2728 is not a signed or clear copy, do you have to have the patient and nephrologist sign another copy?

No.

Question 11: Is the out-of-the-country patient considered a transient patient if they are in the clinic for less than 30 days?

No, if they are new to EQRS.

Question 12: If we have an older outstanding Form CMS-2728 and attempted to reach the patient several times, do we now go back and use this new form?

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No, old forms should be left in saved status.

Question 13: **Is there an option or protocol if the patient does not wish to sign the form or is it inappropriate for them to sign the form due to cognitive impairment and no designated power of attorney (DPOA)?**

In this situation, the form should be completed in its entirety (including physician signature) minus the patient signature and left in Saved status in EQRS. Alternatively, a family member or durable power of attorney may sign on the patient's behalf. Have the signer write their relationship in parentheses next to the signature. A nephrologist cannot sign on behalf of the patient.

Question 14: **Is blue ink still required to sign the Form CMS-2728?**

No.

Question 15: **Does the doctor and patient sign the saved copy and then we submit Form CMS-2728 in EQRS? Which form gets filed in chart? Saved copy?**

Once the form is complete in EQRS, print it and have the doctor and patient sign/date the form. An NP cannot supply the provider signature. Keep that in your records. Return to EQRS to enter the signature dates and submit the form.

Question 16: **Will the old version of Form CMS-2728 still be accessible in EQRS?**

Yes.

Question 17: **If a patient recovered kidney function and gets discharged from the facility and then restarts dialysis, do we need to do a Form CMS-2728 re-entitlement?**

Yes. If a patient stops dialysis and then resumes dialysis more than 1 year after stopping treatment, a re-entitlement Form CMS-2728 is required.

Section A Questions:

Section A Q1-20 (Demographics, co-morbid conditions, prior to ESRD therapy questions):

Question 1: **Section A is optional not mandatory, correct?**

Section A of the Form CMS-2728 is mostly mandatory. Questions 20a-20d are mandatory but 20e-20h are optional. The only other questions that are optional are questions 23-29.

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Question 2: Will Medicare Advantage policies require us to populate the Medicare Beneficiary Identifier (MBI) field? Do we mark just Medicare Advantage, or do we also select Medicare as insurance?

At this time, no. The MBI field is only for standard Medicare.

Question 3: Are the Medicare Beneficiary Identifier (MBI) and Social Security number both required now or just one or the other?

If the patient legally has both a Social Security Number and an MBI then both are required.

Question 4: If a patient needs to change their address, do I revise the original Form CMS-2728 and have them re-sign or complete a new Form CMS-2728?

You do not need to change the original form or complete a new form.

Question 5: Must the nephrologist use the ICD 10 codes on the Form CMS-2728 list, as opposed to choosing others?

Yes

Question 6: Will E11.22 still be an acceptable Cause of Renal Failure?

Yes.

Question 7: Is the code I12.9 still usable as a primary cause of renal failure?

Yes, but please note that I12.0, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, is also now available on the new form.

Question 8: When the form asks if the patient was under routine care of a nephrologist, can you describe what that means? One visit versus active outpatient follow-ups versus never having had an outpatient visit.

Routine care should be considered more long term than just one referral/visit. Prior to End Stage Renal Disease diagnosis, did the patient see a nephrologist? For example, if the patient was in CKD stages 1 to 4, they may have sought treatment with a nephrologist. If they did, this would count as routine care.

Question 9: For co-morbidities, where it says "Consider for pediatric patients," does that mean those options should only be used for pediatric patients?

No, you can select those for any patient.

Question 10: What do you enter if the cause of ESRD is not one of the primary

causes listed on page 6 of Form CMS-2728?

Only the causes that are available in EQRS can be used.

Question 11: Who should be filling out question 19 Co-Morbid conditions?

You can get the information for this question directly from the nephrologist or have the nurse review History and Physical and confirm the co-morbid conditions with the nephrologist.

Question 12: Where do you get the information to answer questions 20a-20h?

Please ask the patient.

Question 13: Will the social determinant questions we answer on the Form CMS-2728 be available for our facility to print off at the end of the year?

Yes, they will be included on the printed form but please remember that not all of the questions are required.

Question 14: Do the questions about patients understanding modalities refer to understanding prior to their first Outpatient (OP) treatments, or understanding prior to signature on the Form CMS-2728?

It would be prior to signature unless the question states, "at time of admission".

Section A Q21-29 (Questions Related to Lab Values):

Question 1: If labs are within 15 days of admission or on the admission date, we are writing/choosing 'admission labs.' Is this correct?

That is correct. Labs should be within 45 days prior to chronic start date.

Question 2: Are labs dated 48 days prior to chronic dialysis start date acceptable?

No.

Question 3: If labs were drawn the day before admission, should I select the admission lab or previous lab option?

Admission labs should be checked.

Question 4: If there is a situation that requires me to use a combination of prior lab values and admission lab values, which option do I select?

As the creatinine value is the only required lab at this time, select the option that describes when the creatinine lab was drawn.

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Question 5: For questions 20 A-C, do we take into account any Acute Kidney Injury (AKI) Hemodialysis (HD) treatments, or is this just referring to outpatient care prior to starting HD whether AKI or ESRD?

It refers to outpatient care prior to starting HD whether AKI or ESRD.

Question 6: Does question 21 refer to labs within 45 days or labs upon admission to the facility if not on dialysis and received a transplant?

Labs 45 days prior to chronic dialysis start date or transplant (preadmission lab values) are preferred.

Question 7: For question 21, are the admission lab values considered the labs when the patient is admitted to our center, or could these be from a hospital admission? Would those labs from a hospital admission be considered prior lab values?

Yes. If you have lab values from the hospital, and they are within 45 days prior to the chronic start date, then they would be the prior lab values.

If the patient did not have lab values 45 days prior to chronic start date and they were hospitalized up to when they were admitted to your dialysis clinic, you can use lab values within 15 days before or after the admission date to the clinic.

Question 8: I have a patient that was non-compliant with labs. We have no creatinine labs on file and the form is in save mode only. Can that form be revised?

No.

Section B Questions:

Question 1: Are questions 36 - 40 intended to be asked at the initial date of admission, or can responses be obtained within 45 days of admission at the facility?

Questions 36 and 39 specifically state they should be answered at the time of admission. Therefore, these should be asked/confirmed at that time and not within the 45 days you have to submit the form.

Question 2: For questions 34 and 35, when would these dates differ? Do hospital reports need to mention an ESRD diagnosis for treatments received in the hospital to count for line 34?

The date when starting chronic dialysis (Q34) and for starting chronic dialysis in the current facility (Q35) can sometimes differ. If a patient is in the hospital under the care of a nephrologist, and starts chronic dialysis,

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there would be a note from the nephrologist that the patient is in end stage renal failure. That would be considered the date regular chronic dialysis began. So that chronic start date can be in a hospital, versus date patient started chronic dialysis at current facility, which would be the date the patient was admitted to an outpatient dialysis facility (which should be entered for Q35).

Section C-F Questions:

Question 1: Will section F be retroactive for past due Form CMS-2728s?

No.

Question 2: If a patient had a failed kidney transplant and resumes dialysis in our clinic, do we need to fill out a new Form CMS-2728 for them?

Yes, if it has been 3 or more years since the transplant.

Question 3: We have a patient who had a transplant in September 2021 and is back for dialysis in-center in September 2024. Do we have to do a re-entitlement Form CMS-2728?

Yes, if they began dialysis more than 3 years following the date of the transplant. If the patient was transplanted 9/25/2021 and the patient returned to treatment after a transplant failed on 9/24/2024 (under 3 years), a form may not be necessary. The system will indicate if one is needed.

Question 4: If a patient has received a transplant, do they need to complete a new Form CMS-2728?

It depends on the length of time between the transplant and return to dialysis. A period of more than 3 years requires a re-entitlement Form CMS-2728.

Question 5: How do we find the CMS Certification Number (CCN) (for questions 43 and 46)?

You can look up facilities by name in EQRS under the facility tab. The CCN will be available there.

Question 6: Is the 45-day submission deadline the same for transplant patients that have never been on dialysis?

Yes.

Question 7: If an In-center patient starts with no interest in home-based dialysis but changes their mind months later, do we need to go back and make

changes to the Form CMS-2728 regarding the training portion?

No, unless the modality change occurs in less than 90 days of the patient starting chronic dialysis.

Question 8: **For home modality training, are we assuming the end training date or do we have to wait to submit the form for them to end training?**

The home dialysis nurse can usually determine the length of training and the anticipated training end date.