



# EQRS New User Training

## Admit a Patient



**End Stage Renal Disease  
Quality Reporting System**



# Today's Trainer

## ESRD Quality Program Support (QPS)



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# Key Identifiers

EQRS uses six key identifiers when admitting a patient:

- First Name
- Last Name
- Sex Assigned at Birth
- Date of Birth
- Social Security Number (SSN)
- Medicare Beneficiary Identifier (MBI)



# Click Patients



EQRS

Patient Registry

Change organization ▾

Dashboard

Facilities ▾

Patients ▾

Reports ▾

MANAGE ACCESS

My access

Request access

Pending requests

PROFILE

Profile information

## My access

Click each application to view your approved roles and the organizations you have access to.

**Patient Registry**

[View access](#)



# Click Admit Patient

The screenshot displays the EQRS Patient Registry interface. At the top, there is a navigation bar with the EQRS logo, the text 'EQRS Patient Registry', and a 'Change organization' dropdown. To the right of the navigation bar are links for 'Dashboard', 'Facilities', 'Patients', and 'Reports'. On the left side, there is a sidebar menu with sections for 'MANAGE ACCESS' (containing 'My access', 'Request access', and 'Pending requests') and 'PROFILE' (containing 'Profile information'). The main content area is titled 'My access' and includes the instruction 'Click each application to view your approved roles and the organizations you have access to.' Below this instruction is a card for 'Patient Registry' with a 'View access' link. On the right side, a dropdown menu is open, listing several options: 'Search Patients', 'Admit a Patient' (highlighted with a red box and a hand cursor), 'Manage Clinical', 'Clinical Depression', 'Social Drivers of Health (SDOH) Patient Screening', and 'Action List'.



# Enter Patient Information

## Admit Patient

[Help](#) ▾

Complete the sections below to admit a patient in EQRS.

\* indicates required fields.

[Expand All](#)

Patient Information ^

|  |                                 |                                   |  |
|--|---------------------------------|-----------------------------------|--|
| <b>Patient's first name *</b>                  | <input type="text"/>            | <b>Middle initial</b>             | <input type="text"/>   |
| <b>Patient's last name *</b>                   | <input type="text"/>            | <b>Suffix</b>                     | <input type="text"/>   |
| <b>Date of birth *</b>                         |                                 |                                   | <b>Sex Assigned at Birth, on Your Original Birth Certificate *</b> |
| Month  | Day                             | Year                              | <input type="text"/>   |
| <input type="text" value="MM"/>                | <input type="text" value="DD"/> | <input type="text" value="YYYY"/> | <input type="text"/>   |
| <b>How do you currently describe yourself?</b> |                                 |                                   |  |
| <input type="text"/>                           |                                 |                                   |  |
| <b>Social Security Number *</b>                | <input type="text"/>            | <input type="checkbox"/>          | N/A  |
| <b>Medicare Beneficiary Identifier *</b>       | <input type="text"/>            | <input type="checkbox"/>          | N/A  |




# Enter Admission Information

Admission Information ^

**Admit Facility \***

Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number

ABC Dialysis 

**Admit Date \***

Month Day Year

07 08 2024

**Admit Reason \***

New ESRD Patient ▾

**Next**



# Admit Reasons

- **New ESRD** - The patient is End Stage Renal Disease (ESRD) and this is the first chronic outpatient admission (your facility will submit an Initial Form CMS 2728).
- **Restart** - Patient who was ESRD, previously on dialysis, recovered function or discontinued dialysis and has now returned to chronic dialysis.
- **Dialysis after transplant failed** - Patient has returned to dialysis after a transplant failure.
- **Dialysis in Support of Transplant** - Patient is temporarily receiving dialysis at a facility in support of a kidney transplant.

\* Acute Patients should not be admitted in EQRS





# Facility Admission Confirmation (for transfer patients)

## Click Accept.

### Patient Admission Confirmation

WARNING: By entering information into this system, the user agrees that their dialysis facility is accepting "transfer" (42 CFR §494.10) of the person(s) with ESRD whose information is entered, and thus, accepting responsibility for patient care under applicable statutes and regulations, including 42 CFR Part 494, and to furnish data for ESRD program administration (42 CFR §494.180(h)).

The user acknowledges that this system contains Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160 and 164, and the use and disclosure of such information is limited to those permitted or required by HIPAA.

Data contained in this system is available to applicable ESRD Networks, State Survey Agencies, dialysis facilities, and appropriate government entities. Unauthorized or improper use of the system may result in administrative disciplinary action and civil and criminal penalties.

Cancel

Accept



# Patient Match Message (for New ESRD admissions)

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.

\* indicates required fields.

[Expand All](#)

Patient Information

|  |  |
|--|--|
| <b>Patient's first name *</b>                  | <b>Middle initial</b>  |
| ITSA   |  |
| <b>Patient's last name *</b>                   | <b>Suffix</b>  |
| PATIENT  |  |
| <b>Date of birth *</b>                         | <b>Sex Assigned at Birth, on Your Original Birth Certificate *</b> |
| Month: 01 Day: 01 Year: 1960                   | FEMALE   |
| <b>How do you currently describe yourself?</b> |  |
|  |  |
| <b>Social Security Number *</b>                | <input type="checkbox"/> N/A                                       |
| 987651234                                      |  |
| <b>Medicare Beneficiary Identifier *</b>       | <input checked="" type="checkbox"/> N/A                            |
|  |  |




# Review Admission Information

The Admission Information section is pre-populated.

Admission Information ^

**Admit Facility \***


Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number

ABC DIALYSIS 

**Admit Date \***

Month: 07 Day: 08 Year: 2024

**Admit Reason \***

New ESRD Patient 



# Enter Dialysis Treatment Information

**Add Treatment Information**

Dialysis Treatment Information

**Treatment Start Date \***

Month: 07 Day: 08 Year: 2024

**Primary Dialysis Setting \***

Home  
Dialysis Facility/Center  
SNF/Long Term Care Facility

**Expected Self-care Setting**

Home  
Incenter

**Primary Type of Treatment \***

Hemodialysis  
CAPD  
CCPD  
Other

**Attending Practitioner \***

Grey, Meredith

**Attending Practitioner UPIN**

**Attending Practitioner NPI**

**Dialysis Time Period**

Nocturnal  
Daytime

**Sessions Per Week**

**Time Per Session (minutes)**

**Type of Dialysis Training**

**Dialysis Training Start Date**

Month: MM Day: DD Year: YYYY

**Dialysis Training End Date**

Month: MM Day: DD Year: YYYY

**Submit**

Only needed for Home Dialysis Patients

Only needed for Hemodialysis Patients

Only needed for Home Dialysis Patients



# Additional Fields Display

Complete the sections below to admit a patient in EQRS.

\* indicates required fields.

[Expand All](#)

- Patient Information ▼
- Ethnicity, race, tribe and origin ▼
- Contact Information ▼
- Miscellaneous Information ▼
- Medical Information ▼
- Admission Information ▲

**Admit Facility \***

Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number

🔍

**Admit Date \***

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
| 07    | 08  | 2024 |

**Admit Reason \***

New ESRD Patient▼

- Dialysis Treatment Information ▼



# Enter Race and Ethnicity, and tribe and origin, if applicable

Ethnicity, race, tribe and origin ^

**Patient's Self Reporting Of Race and Ethnicity**

▼

Self Reported by Patient  
Reported by Family Member  
Patient Chooses Not To Report  
Not Self Reported

**Ethnicity**

▼

Not Hispanic or Latino  
Hispanic or Latino

**Race (check all that apply)**

Multiracial

White

Asian

Black or African American

Native Hawaiian or Pacific Islander

American Indian/Alaska Native

Middle Eastern or North African

Other

**Tribe and Origin**

**Name of Enrolled/Principal Tribe**

**Country/Area Of Origin** ▼



# Enter Mailing Address

Contact Information ^

Do not contact

## Mailing address

Address Line 1

123 PATIENT LANE

Address Line 2

Zip Code

07719

Zip ext. (optional)

City

Wall

State \*

New Jersey

County

Monmouth



# Enter Physical Address

Contact Information ^



Physical address same as mailing address

**Physical address**

Address Line 1

123 PATIENT LANE

Address Line 2

Zip Code

07719

Zip ext. (optional)

City

Wall ▼

State \*

New Jersey ▼

County

Monmouth ▼

**\*A Post Office Box is not considered a physical address.\***





# Enter Nursing Home Setting

Is the patient in a nursing home setting?

Nursing Home Setting

Permanent Resident  
Short Term Care/Rehabilitation  
Other

Date entered nursing home

Month

Day

Year



# Enter Additional Contact Information

## Phone

---

Cell

Work

Work Extn.

Home

Alternate

## Email Address

---



# Enter Miscellaneous Info

Miscellaneous Information

|  |                       |                      |                      |
|--|-----------------------|----------------------|----------------------|
| <b>Current status</b>  | <b>Effective date</b> |                      |                      |
| Medicare enrollment  | Month                 | Day                  | Year                 |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| Currently enrolled in Medicare Coverage<br>Medicare Application Pending<br>No Medicare Coverage  | MM                    | DD                   | YYYY                 |
| <b>Citizenship</b>   | Month                 | Day                  | Year                 |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| US Citizen<br>Non US Citizen<br>Foreign National US Resident<br>US Resident  | MM                    | DD                   | YYYY                 |
| <b>Employment</b>  | Month                 | Day                  | Year                 |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| Unemployed<br>Employed Full Time<br>Employed Part Time<br>Homemaker<br>Retired Due to Age/Preference<br>Retired (Disability)<br>Medical Leave of Absence<br>Student<br>Volunteer | MM                    | DD                   | YYYY                 |
| <b>School</b>  | Month                 | Day                  | Year                 |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| School Full Time<br>School Part Time<br>Not In School  | MM                    | DD                   | YYYY                 |
| <b>Vocational Rehabilitation</b>   | Month                 | Day                  | Year                 |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| Referred to VR<br>Currently in VR<br>Completed VR<br>Not Eligible for VR<br>Declines VR  | MM                    | DD                   | YYYY                 |

- Add Medicare, Citizenship and Employment Status.
- Add School and Vocational Rehabilitation status (if applicable).



# Click Submit

Medicare Beneficiary Identifier \*

N/A

Medicare Claim Number

N/A

Ethnicity, race, tribe and origin



Contact Information



Miscellaneous Information



Medical Information



Cancel

Submit



# Successful Admission

EQRS displays “Patient admission was successful” message.

 **Successful**  
Patient admission was successful.

## View Patient Demographics (Itsa Patient - 3100008572)

 Edit

 Help

Collapse All

### Patient Information

**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

**Medicare Claim Number:**

N/A

**Middle initial:**

Suffix:

**Gender:**

F

