EQRS New User Training
Complete a Form CMS-2746

End Stage Renal Disease
Quality Reporting System

Today's Trainer

ESRD Quality Program Support (QPS)

Tricia Phulchand BSN, RN

Complete a Form CMS-2746

Click Patients

Click Search Patients

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

ITSA

Patient's Last Name

PATIENT

Medicare Beneficiary Identifier

Social Security Number

EQRS Patient ID (aka CROWN UPI)

Sex Assigned at Birth, on Your Original Birth Certificate

Criteria   Clear all

Patient's First Name

❌ ITSA

Patient's Last Name

❌ PATIENT

Submit

Click EQRS Patient ID

Search Patient Results

Back to Search

EQRS Patient ID (aka CROWN UPI)	First Name	Middle Initial	Last Name	Sex Assigned at Birth, on Your Original Birth Certificate	Date of Birth	Date of Death	Social Security Number	Medicare Beneficiary Identifier
3100008572	ITSA		PATIENT	F	01/01/1960		XXXXX1234	

Click Edit

View the patient's demographics and click the **Edit**.

Click Medical Information

Expand the Medical Information section to enter the death information.

Click Submit

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

Medical Information

Effective date *

Month	Day	Year
12	15	2024

*Please note that the Effective date must be the same as the Death date.

Death date

Month	Day	Year
12	15	2024

Death code description

Cardiomyopathy

Death code

27

Cancel   Submit

Click Form 2746

- EQRS displays **Successfully edited patient** message.
- Click the **Form 2746** link.

MANAGE PATIENT

- Patient
- Patient History
- Admissions
- Treatments
- Infections
- Vaccinations
- Form 2728
- Form 2746

✓ **Successful**
Successfully edited patient.

View Patient Demographics (ITSA PATIENT

Patient Information

Patient's first name:
ITSA
Patient's last name:
PATIENT
Date of birth:
01/01/1960
Social Security Number:

Indicate Key Patient Info

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

Review Cause of Death

Review the Cause of Death and indicate any secondary causes, as needed.

Complete Renal Replacement Therapy Section

Review and complete the renal replacement therapy section, as needed.

Indicate Transplant and Hospice Care

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

Transplant and Hospice

(17) Did the patient ever receive a transplant:
- ◯ Yes
- ◯ No
- ◯ Unknown

(a) Date of most recent transplant

Month	Day	Year
MM	DD	YYYY

(b) Type of transplant received
- ◯ Living Related
- ◯ Living Unrelated
- ◯ Deceased Donor
- ◯ Multi-organ
- ◯ Paired Exchange

(c) Was transplant graft functioning (patient not on dialysis) at time of death?
- ◯ Yes
- ◯ No
- ◯ Unknown

(d) Did transplant patient resume chronic maintenance dialysis prior to death?
- ◯ Yes
- ◯ No
- ◯ Unknown

(e) Did the transplant patient experience a short-term course (acute) of dialysis prior to death?
- ◯ Yes
- ◯ No
- ◯ Unknown

(18) *Was patient receiving palliative care/hospice care?
- ◯ Yes
- ◯ No
- ◯ Unknown

Click Submit

Complete the Physician section and click **Submit.**

Successful Submission

EQRS displays "**Successfully submitted form 2746**" message.