

# EQRS New User Training

## Complete a Form CMS-2746



**End Stage Renal Disease  
Quality Reporting System**



# Today's Trainer

## ESRD Quality Program Support (QPS)



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# Complete a Form CMS-2746



# Click Patients

The screenshot displays the EQRS Patient Registry interface. At the top, the navigation bar includes the EQRS logo, the text 'EQRS Patient Registry', a 'Change organization' dropdown, and main navigation items: 'Dashboard', 'Facilities', 'Patients' (highlighted with a red box and an upward arrow), and 'Reports'. A left sidebar contains 'MANAGE ACCESS' (with sub-items: 'My access', 'Request access', 'Pending requests') and 'PROFILE' (with sub-item: 'Profile information'). The main content area is titled 'My access' and contains the instruction: 'Click each application to view your approved roles and the organizations you have access to.' Below this is a box for 'Patient Registry' with a 'View access' link. A dropdown menu for 'Patients' is open, listing: 'Search Patients', 'Admit a Patient', 'Manage Clinical', 'Clinical Depression', 'Social Drivers of Health (SDOH) Patient Screening', and 'Action List'.



# Click Search Patients

The screenshot shows 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 are links for 'Dashboard', 'Facilities', 'Patients', and 'Reports'. On the left, a sidebar contains 'MANAGE ACCESS' (with sub-items 'My access', 'Request access', 'Pending requests') and 'PROFILE' (with 'Profile information'). The main content area is titled 'My access' and includes a card for 'Patient Registry' with a 'View access' link. A dropdown menu is open from the 'Patients' link, with 'Search Patients' highlighted by a red box and a hand cursor. Other items in the dropdown include 'Admit a Patient', 'Manage Clinical', 'Clinical Depression', 'Social Drivers of Health (SDOH) Patient Screening', and 'Action List'.



# 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

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**.

## View Patient Demographics ( Itsa Patient 3100008572 )



[? Help](#) ▾

[Collapse All](#)

Patient Information ^	
<b>Patient's first name:</b> ITSA	<b>Middle initial:</b>
<b>Patient's last name:</b> PATIENT	<b>Suffix:</b>
<b>Date of birth:</b> 01/01/1960	<b>Sex Assigned at Birth, on Your Original Birth Certificate:</b> F
<b>Social Security Number:</b> XXXXX1234	<b>How Do You Currently Describe Yourself:</b>
<b>Medicare Beneficiary Identifier:</b> N/A	
<b>Medicare Claim Number:</b> N/A	



# Click Medical Information

Expand the Medical Information section to enter the death information.

**Edit Patient (Itsa Patient - 3100008572)** [Help](#)

Complete the sections below to edit a patient in EQRS. [Expand All](#)

**Patient Information** ^

<b>Patient's first name *</b>	<b>Middle initial</b>
<input type="text" value="ITSA"/>	<input type="text"/>
<b>Patient's last name *</b>	<b>Suffix</b>
<input type="text" value="PATIENT"/>	<input type="text"/>

Ethnicity, race, tribe and origin v

Contact Information v

Miscellaneous Information v

**Medical Information** v



# Click Submit

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

### Medical Information

**Effective date \***

Month	Day	Year
<input type="text" value="12"/>	<input type="text" value="15"/>	<input type="text" value="2024"/>

**Death date**

Month	Day	Year
<input type="text" value="12"/>	<input type="text" value="15"/>	<input type="text" value="2024"/>

**Death code description**

**Death code**

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

**Cancel** **Submit**



# Click Form 2746

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

The screenshot displays the EQRS patient management interface. On the left is a sidebar with a 'MANAGE PATIENT' header and a list of menu items: Patient, Patient History, Admissions, Treatments, Infections, Vaccinations, Form 2728, and Form 2746. The 'Form 2746' item is highlighted with a red border. The main content area shows a green success message box with a checkmark icon, stating 'Successful Successfully edited patient.' Below this is the title 'View Patient Demographics (ITSA PATIENT)'. Underneath is a section titled 'Patient Information' containing the following details: Patient's first name: ITSA, Patient's last name: PATIENT, Date of birth: 01/01/1960, and Social Security Number: (field is empty).



# Indicate Key Patient Info

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

Key Patient Info - 987654321

(1a) Patient's Last Name *	(1b) First Name *	(1c) MI
PATIENT	ITSA	
(2) Medicare Number	(3) Social Security Number	(4) Date of Birth *
ZYXWVUTSRQ	123456789	Month: 01, Day: 05, Year: 1960
(5) Sex Assigned at Birth, on Original Birth Certificate *	(6) Gender Identity	(7) Patient State of Residence *
Female		New Jersey
(8) Date of Death *	(9) Place of Death *	(10) Modality at Time of Death
Month: 12, Day: 15, Year: 2024		Incenter Hemodialysis
(11) Name of Dialysis Facility/Transplant Center *	(12) CMS Certification Number (CCN) *	
ABC DIALYSIS	123456	
(13) Address of Dialysis Facility/Transplant Center		
(a) Address Line 1:		
123 Dialysis Way		
(b) Address Line 2:		(c) Zip Code:
		XXXXX
(d) City:	(e) State: *	
Anywhere	New Jersey	



# Review Cause of Death

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

Cause of Death ↕

**(14) Causes of Death**

**(a) Primary Cause:**

**(b) \* Were there secondary causes?**

▼

Yes  
No

**If Yes, specify:**

<input type="text"/>	<input type="text"/>

**(c) If cause is other (98), please specify:**



# Complete Renal Replacement Therapy Section

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

Renal Replacement Therapy

**(15) \*Renal replacement therapy discontinued prior to death**

**(a) If yes, select one of the following :**

**(b) Date of last dialysis treatment**

Month: MM Day: DD Year: YYYY

Yes  
No

Following HD and/or PD access failure  
Following transplant failure  
Following chronic failure to thrive  
Following acute medical complication  
Other

**(16) \*Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?**

Yes  
 No  
 Unknown  
 Not Applicable

If yes, check here if related to Hospice Care.



# 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

**(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**.

Physician		
(19) *Name of Attending Physician <input type="text"/>	(a) Physician NPI <input type="text"/>	
(20)*Person Completing this Form	(21)*Date Form Signed/Completed	
First Name <input type="text"/>	Last Name <input type="text"/>	Month <input type="text" value="MM"/>
		Day <input type="text" value="DD"/>
		Year <input type="text" value="YYY"/>
Form Information		
Form Entered Date: 12/26/2024	Network Number: 3	

Save

Submit

Reset



# Successful Submission

EQRS displays “**Successfully submitted form 2746**” message.

 **Successful**  
Successfully submitted form 2746.

View a Death Notice (2746) - Submitted

[Help](#) ▾

OMB CONTROL NUMBER 0938-0448 Expires 11/30/2022

Key Patient Info - 987654321

(1a) Patient's Last Name *	(1b) First Name *	(1c) MI
<input type="text" value="PATIENT"/>	<input type="text" value="ITSA"/>	<input type="text"/>
(2) Medicare Number	(3) Social Security Number	(4) Date of Birth *
<input type="text" value="ZYXWVUTSRQ"/>	<input type="text" value="123456789"/>	Month: <input type="text" value="01"/> Day: <input type="text" value="05"/> Year: <input type="text" value="1960"/>
(5) Sex Assigned at Birth, on Original Birth Certificate *	(6) Gender Identity	(7) Patient State of Residence *
<input type="text" value="Female"/>	<input type="text"/>	<input type="text" value="New Jersey"/>
(8) Date of Death *	(9) Place of Death *	(10) Modality at Time of Death
Month: <input type="text" value="12"/> Day: <input type="text" value="15"/> Year: <input type="text" value="2024"/>	<input type="text"/>	<input type="text" value="Incenter Hemodialysis"/>
(11) Name of Dialysis Facility/Transplant Center *	(12) CMS Certification Number (CCN) *	
<input type="text" value="ABC DIALYSIS"/>	<input type="text" value="123456"/>	
(13) Address of Dialysis Facility/Transplant Center		
(a) Address Line 1:		
<input type="text" value="123 Dialysis Way"/>		
(b) Address Line 2:		
<input type="text"/>		
(c) Zip Code:		
<input type="text" value="XXXXX"/>		
(d) City:		
<input type="text" value="Anywhere"/>		
(e) State: *		
<input type="text" value="New Jersey"/>		

