



End-Stage Renal Disease
Network Program

Improving Facility EQRS Data Submission Compliance

Svetlana Lyulkin, MBA
Information Management Director
IPRO ESRD Network Program

Welcome and thank you for watching this presentation on Improving Facility EQRS Data Submission Compliance.

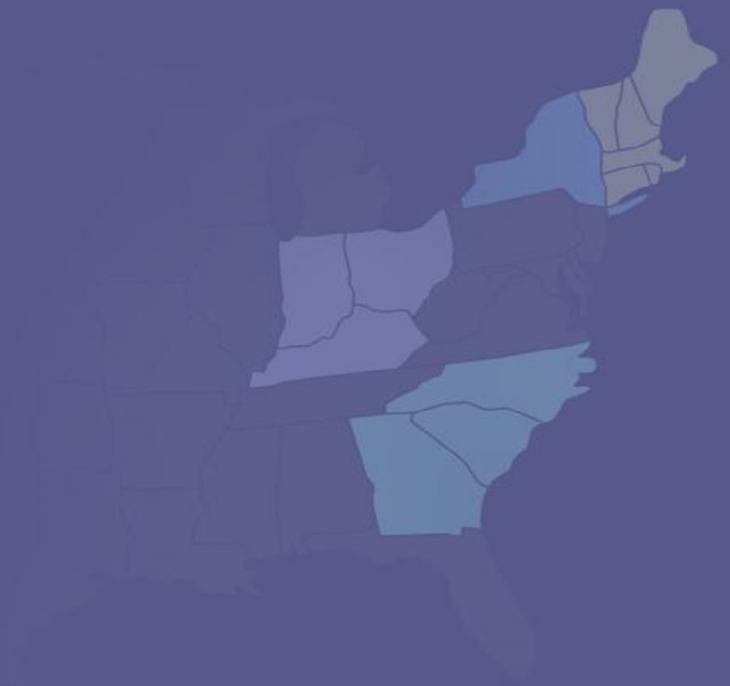


Agenda Topics

- ESRD Overview
- Preventing Security Violations
- Working With EQRS Reports
 - EQRS Dashboard
 - EQRS Patient Roster Verification
 - EQRS Patient Event Verification
- Network Reports
- Data Compliance Report
- Supporting Facilities

We will cover the key topics that will help your facility stay compliant with CMS guidelines and requirements.

EQRS Overview



Let's start with a brief EQRS overview.



EQRS (ESRD Quality Reporting System) Overview

- Under the CMS conditions for coverage, dialysis facilities and kidney transplant centers must comply with data submission requirements in “ESRD Quality Reporting System” (EQRS)
- The EQRS system is used to collect and centralize data to determine beneficiary coverage for ESRD patients, and provides:
 - Facilities with a means of reporting their patient and facility data directly to CMS in real-time
 - CMS with ability to monitor facility compliance with data reporting requirements
- The ESRD Networks assist facilities in meeting CMS requirements and expectations

-
- Once Certified by CMS, dialysis facilities and transplant centers are mandated by the CMS conditions for coverage to maintain EQRS – which is the ESRD Quality Reporting System, also known as the ESRD patient registry.
 -
 - In EQRS, facilities will:
 - Track patient location, treatments, demographics, and Modality information
 - Record clinical information, including ICH CAHPS, depression screenings, vaccinations, hospitalizations, nursing home information, and telemedicine reporting
 - And submit 2728s or (Medical Evidence), and 2746 (death event Form)



Meeting CMS Requirements

- Strategies for facilities to meet CMS requirements and improve data quality:
 - Follow Clinical Submission Schedule in EQRS and NHSN reporting Requirements
 - Understand routine data management activities in EQRS (outlined in following slides)
 - Download and review EQRS reports
 - Attest to verification of Patient Roster monthly in IPRO Learn
 - Resolve data accuracy issues identified in Network Distributed Reports
 - Establish internal QI process to meet the timelines
 - Incorporate the EQRS measures in facility QAPI process

5

The Network assists facilities with EQRS Compliance by providing facilities with CMS information, including schedule updates and patient-level-EQRS Data in the forms of Network-developed reports. This presentation will provide your team with the steps and processes you can use to stay compliant with CMS requirements.

It is important for the Network to have the most current contact information for EQRS facility personnel so that the reports we send can get to the right people quickly. We will talk about how to maintain Personnel after a few more slides.

The Networks are required to report facility progress to CMS on a monthly – or sometimes weekly – basis.

This is why it is important for facilities to stay up to date on Network communication, and to have staff at the facility who are assigned to maintain EQRS.

The Network will be selecting facilities for targeted technical assistance among those who are not making continuous improvement in EQRS compliance, and require facilities to conduct process improvement plans to identify ways they can improve their EQRS reporting.



CMS EQRS Data Management Guidelines

- Facilities should follow the data management guidelines.
- Facilities follow Tier 1 EQRS (Facility) Data Manager Task List

Category	Section	Task in CROWNweb	Frequency
Data Monitoring	Facilities	Monitor Facility Attestation	By January 31 of each year
		Monitor Facility Details	By December 31 of each year
	Personnel	Review Personnel	At least quarterly
	Reports	Generate Missing Forms and Saved Status Reports	At least monthly
Data Measuring	Reports	Generate Open Accretions Report	Monthly
		Generate Open Notifications Report	Monthly
Data Managing	Facilities	Submit Facility Attestations	January 1–31 of each year
		Update Facility Details	At least annually
	Patients	Admit and Discharge Patients	Admit within 5 business days of first treatment; Discharge within 5 business days of last treatment
		Admit and Discharge Transient Patients	Admit within 1 business day of treatment; Discharge within 1 business day of last treatment
		Complete CMS-2728 and CMS-2746 Forms	CMS-2728: within 30 business days of Date Regular Chronic Dialysis Began; no later than 6L; CMS-2746: within 14 days of the date of death
		PART Verification	By 5th business day of each month
		Resolve Gap Patients	Within 2 business days of the weekly report
	Personnel	Add Key Personnel	Within 5 business days of staff changes
	Clinical	Manage Clinical	Monthly by end of the month for not previous month but the month before; i.e. for January clinical month by 30 th of March
	Action List	Resolve Notifications and Accretions	New or Reassigned: within 15 days of issuance; Under Investigation: within 30 days of issuance
	Form 2744	Add New CMS-2744A Forms	By CMS due date
		Add New CMS-2744B Forms	By CMS due date
		Add New CMS-2744A Forms for Closed Facilities	Within 5 business days prior to closure

EQRS Data-Management-Guidelines

Found on mycrownweb.org

Detailed information on CMS expectations are located in the CMS EQRS Data Management Guidelines which can be found on mycrownweb.org.

Preventing Security Violations



Before we continue with EQRS, A brief but important reminder to facilities is that we must always strive to prevent security violations.



Security Violations Are Reported to CMS

- Never email or submit a FreshDesk Ticket that includes:
 - PHI (Protected Health Information) or PII (Personally Identifiable Information)
 - Patient's Name
 - Date of Birth (DOB)
 - Social Security Number (SSN)
 - Medicare Beneficiary ID (MBI)
 - Combination of patient information
- Only share EQRS UPI when emailing the Network or CMS
- All security violations are reported and tracked by CMS
- Ensure all facility staff (including any new staff) are trained on this

8

When emailing or opening a Support Ticket with the Network for assistance, never include any PHI – or Protected Health Information, nor PII – Personally Identifiable Information.

Sending this type of patient data electronically puts the information at great risk, and the Network must always notify CMS whenever this happens.

Please Only use the UPI when emailing the Network or when opening a FreshDesk ticket.

PLEASE make sure that all facility staff are aware of this, and that any new staff who join your team are taught to understand this process as well.

Working With EQRS Reports

- EQRS Dashboard

Now let's return to EQRS and start with the Dashboard.



EQRS Facility Dashboard

- **Disclaimer:** Dashboard is not always accurate. If you see incorrect information please submit a ticket to the CMS Help Desk so they can make it a priority to fix.
- CMS Helpdesk: qnetsupport-esrd@hcqis.org
- Dashboard is visible when facility logs in to EQRS
- If it is not visible, enter facility CCN and then hit return
- Provides an overview of ALL missing data
- Complete any New, Due, and Past due items

Form 2728	New	Due	Past due
Example	0	0	1

Form 2746	Due	Past due
Example	0	0

Accretions

Add a backup facility to your facility
Please add a backup for your facility by navigating to the [Backup facility section](#).

Facility Dashboard Overview
Upcoming Reminders

- 06/30/2021 - Clinical Data submission deadline for the April 2021 clinical period.
- 08/02/2021 - Clinical Data submission deadline for the May 2021 clinical period.

The Network and CMS are aware that the Dashboard is not always accurate. Sometimes it shows things as due that are not actually due, but most often it is the best place to identify discrepancies that need your attention.

Please review the Dashboard daily and look at every item that is posted.

If you believe that that something on the Dashboard is incorrect PLEASE submit a ticket to the CMS Help Desk, so they can group it with other similar tickets, and focus on fixing the things that are causing the most problems for facilities.

So please review and resolve Dashboard items regularly, and report any errors to the CMS Help Desk.

The Network understands that these are ongoing challenges, so just do your best with what EQRS provides.



CMS - 2728 Form

- Facility Dashboard focuses on Initial 2728 forms, Supplemental, Re-Entitlement
 - **Supplemental and Re-Entitlement** are not always correct on the Dashboard
- 2728 Forms are required for newly diagnosed ESRD patients, changing modality to home and patients transplanted within 3 months of dialysis and for re-entitlement
- Clicking the 2728 forms link on dashboard takes to **Managing 2728 Forms** page
- This screen distinguishes between Missing vs. Saved status forms
- Dual hyperlinks allow navigation to **Patient Demographics** or directly to the patient's **Manage 2728 Forms** page

Form 2728 Records

2728 Type

All Available

2728 Status

Past Due

2728 Form State

All Available

Search

EQRS Patient ID	Patient Name	Due Date	Type	Status	Form State	Navigation
-----------------	--------------	----------	------	--------	------------	------------

The Dashboard will help facilities identify which 2728s are due.

- Please focus on the **Initial 2728s** because the Supplemental and Re-Entitlement 2728s are the ones that are most often incorrect on the Dashboard.
- Review the Network instructions available in Knowledge Base for the timeliness, definitions, purpose, and process for completing the various 2728 Forms.



CMS - 2746 Form

- **2746 Forms** are to be submitted within 14 days of Date of Death
- Facility is responsible for submitting 2746 Form for any patient discharged from their facility and death occurs within 30 days of being discharged
- Facility will lose scope over patient after 30 days from date of death and will require Network assistance in completing the 2746 Form.
- Submit a ticket to the Network for help entering the death code, date of death and cause of death on patient attributes page to submit 2746 Form
 - Always include the UPI when submitting a ticket
 - **Do not include any PHI/PII**


2746 Forms are to be submitted within 14 days of the patient's date of death – which is to be entered on the Demographics page in EQRS.

You will not see the 2746 until the Date of Death and Cause of Death has been entered.

After 30 days of being discharged from your facility, you will not be able to enter patient the date of death and cause of death, so please open a Fresh Desk ticket with the Network and we will assist you.

Simply include the UPI, the Code of Death and the Date of Death in your ticket.

Do not include any PHI or PII.

A faint, light blue map of the Eastern United States is visible in the background of the slide. It shows the outlines of states from New England down to the Gulf Coast and from the Atlantic coast westward to the Great Lakes region.

Working With EQRS Reports

- Patient Roster Verification

Similar to the PART that was historically completed each month by facilities in CROWNWeb, the Network is providing instructions for facilities to review the EQRS Patient Roster Verification each month to identify any discrepancies with patient records.

Patient Roster Report Verification



- To be conducted by each facility in EQRS at the start of each month – compliance is monitored by the Network.
- Run the **EQRS Patient Roster Report** monthly and verify all patients are being reported correctly.



Start by going to the Reports tab to locate the Patient Roster Report



Run Patient Roster Report in EQRS

- Run the Patient Roster Report till the end of previous month
 - *Example: It is August 2nd, you will want to run the report for July 31st*
- Select the Network you are in and Search for your facility by name or CCN.
- Sort Order: Select Patient Name or Admit date to align with your systems display
- Export As Excel
- Click Generate Report. Report shows up in “My Reports”

Patient Roster Report [Help](#)

Criteria Selection

The Patient Roster Report will report a list of the patients admitted to the selected facility(ies), as of the date specified.

Patient Roster as of:

Month: 12 Day: 31 Year: 2020

*Network Selection

Network: [Redacted]

*Search Facility Name, Facility CCN or Dialysis Organization

Enter your CCN and select your facility below [Search Icon] ☐ Select all facilities

1234567890, ABC Facility, 123456, 1111111111

*Sort Order

☒ Patient Name

☐ EQRS Patient ID

☐ Admit Date

☐ Treatment Setting

☐ Treatment Type

Specify the order for your report in the Sort Order list

*Export As:

Excel

Cancel Generate Report

Select the last day of the prior month to include all patients that are admitted into your facility as of that date.

For example, if today is August 2nd, you would enter the date of July 31st, to show all patients in your facility at the end of July.



My Reports Screen

- Click “My Reports” on the left hand side of the screen. The Report may be Pending
- Wait a minute or two and refresh the screen. Download the completed report
- Open the Excel file
- Compare the EQRS patient roster report with your facility EMR and complete the actions indicated in the next 3 slides

	A	B	C	F	G	H	I	J	K	L
1	Network X									
2	Patient Roster Report As of: 07/01/2021									
3	Report Run Date: 07/27/2021									
4	CCN	FACID	Facility Name	EQRS ID	Last Name	First Name	DOB	Gender	Ethnicity	Race
5	987654	900000001	ABC Dialysis Center	999000001	Duck	Donald	07/04/1945	Male	Not Hispanic or Latino	Native Hawaiian or Other
6	987654	900000001	ABC Dialysis Center	999000002	White	Snow	07/07/1945	Male	Hispanic or Latino	White
7	987654	900000001	ABC Dialysis Center	999000003	Hood	Robin	06/29/1945	Female	Not Hispanic or Latino	Black or African A
8	987654	900000001	ABC Dialysis Center	999000004	Mouse	Mini	07/05/1945	Female	Hispanic or Latino	Black or African A
9	987654	900000001	ABC Dialysis Center	999000005	Frog	Kirmit	07/03/1945	Female	Not Hispanic or Latino	White
10	987654	900000001	ABC Dialysis Center	999000006	Simpson	Homer	06/28/1945	Male	Hispanic or Latino	Asian
11	987654	900000001	ABC Dialysis Center	999000007	Mouse	Micky	07/02/1945	Female	Not Hispanic or Latino	White
12	987654	900000001	ABC Dialysis Center	999000008	Mouse	Micki	07/02/1945	Female	Not Hispanic or Latino	White

Once the report is completed, open it and compare it your your internal facility tracking to make sure all patients that should be admitted have been admitted, and all patients that should have been discharged were correctly done so in EQRS.



Resolving Missing Admissions

- Compare the **EQRS Patient Roster Report** to your facility EMR to identify any patients that are missing from EQRS.
 - **Action:** Work with your batch or EDI submitter to admit patient into EQRS.
 - **Action:** Admit the patient manually or fix their Admit Date in EQRS.
- Trouble Admitting a Patient into EQRS?
 - Submit the “Possible Duplicate Or Near Match Patients Form” to Network
<https://redcap.ipro.org/surveys/?s=9FN3KF8A7T>
- Bookmark this link and submit this Form every time you get an EQRS **Possible Duplicate Patient Error**
- Network staff will admit the patient into EQRS within 2 business days
- Once information is entered in EQRS you will be able to enter the 2728 or 2746 form

If you notice that a patient is missing from the EQRS Report, work with your batch system to determine why they were not imported into EQRS. Remember ACUTE patients should NOT be in EQRS, so please do not look for them on the report nor admit them into EQRS.

If the patient is ESRD and needs to be admitted, do so on the Admit Patient section.

If you run into a “Possible Duplicate/Near Match” Error, please submit the Newly designed Network Form (the link to it can be found in Knowledge Base) and the Network will admit the patient for your facility into EQRS.

You do not even need to open a Fresh Desk ticket, simply submit the secure form and we will take care of it within 2 business days.

Please remember, the faster that a patient is admitted into EQRS, the more quickly the 2728 and 2746 can be submitted – all of which contributes to CMS Data compliance.



Resolving Missing Discharges

- Look for patients that are included in EQRS Patient Roster Report but should have been discharged from your facility.
 - Action:** Discharge the patient or fix their Discharge Date in EQRS.
–Example: the patient below should have been discharged from the facility and should not appear on the Patient Roster Report as of 07/01/2021.

	A	B	C	F	G	H
1	Network X					
2	Patient Roster Report		As of: 07/01/2021		Last treated in facility in May	
3	Report Run Date: 07/27/2021					
4	CCN	FACID	Facility Name	EQRS ID	Last Name	First Name
5	987654	900000001	ABC Dialysis Center	999000001	Duck	Donald
6	987654	900000001	ABC Dialysis Center	999000002	White	Snow
7	987654	900000001	ABC Dialysis Center	999000003	Hood	Robin
8	987654	900000001	ABC Dialysis Center	999000004	Mouse	Mini

If you identify a patient on the report that should not be on the report, go into that patient's Admissions record in EQRS and add or fix the appropriate discharge information.



Resolving Duplicate Admissions

- Look for patients that are listed on the EQRS Patient Roster Report multiples times, this means they have been admitted into EQRS more than once into your facility
 - Action:** If a patient with the same UPI appears twice, it means they are currently admitted twice into your facility. Either Add Discharge Date and Reason to earliest admission or Delete newest admission
 - Action:** If a patient has multiple UPIs, it means that the records need to be merged. Submit a ticket to CMS Help desk: qnetsupport-esrd@hcqis.org. In the Description include the duplicate UPIs, and the Network will request a Help Desk merge of the patient information in EQRS.

	A	B	C	F	G	H	I	J	AC	AD
1	Network X									
2	Patient Roster Report As of: 07/01/2021									
3	Report Run Date: 07/27/2021									
4	CCN	FACID	Facility Name	EQRS ID	Last Name	First Name	DOB	Gender	Admit Date	Admit Reason
5	987654	900000001	ABC Dialysis Center	999000001	Duck	Donald	07/04/1945	Male	1/2/1800	Restart
6	987654	900000001	ABC Dialysis Center	999000002	White	Snow	07/07/1945	Male	1/2/1800	New ESRD
7	987654	900000001	ABC Dialysis Center	999000003	Hood	Robin	06/29/1945	Female	1/2/1800	Transfer In
8	987654	900000001	ABC Dialysis Center	999000004	Mouse	Mini	07/05/1945	Female	1/2/1800	Dialysis After Transplant Failed
9	987654	900000001	ABC Dialysis Center	999000005	Frog	Kirmit	07/03/1945	Female	1/2/1800	New ESRD
10	987654	900000001	ABC Dialysis Center	999000006	Simpson	Homer	06/28/1945	Male	1/2/1800	New ESRD
11	987654	900000001	ABC Dialysis Center	999000007	Mouse	Micky	07/02/1945	Female	01/01/2021	New ESRD
12	987654	900000001	ABC Dialysis Center	999000008	Mouse	Micki	07/02/1945	Female	01/02/2021	Transfer In

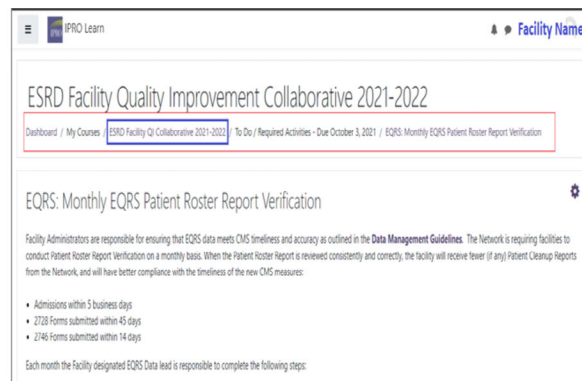
If you notice a patient appear twice on the Roster Report it can mean a few things:

- The patient may be admitted into your facility recently, but there is no discharge information for when they left your facility previously. Go into the Admissions tab and make sure that there is discharge information for when the patient left your facility.
- The other option is that the patient can have 2 different UPIs. If that is the case, submit a ticket to the CMS Help Desk requesting that the 2 UPIs be merged. Make sure that the patient records are identical and that the Help Desk has enough information about what you are requesting.
- Please note: merge requests can take several weeks to be resolved, so it is better to request assistance from the Network when getting a Near Match/Possible Duplicate Error, than to accidentally admit the patient twice into your facility.



Activity in IPRO Learn

- Once patient roster verification is completed in EQRS, complete Network activity in IPRO Learn
- Log in to IPRO Learn [Learn.ipro.org](https://learn.ipro.org)
 - Login: facility CCN (6 digit CMS Certification Number)
 - Password: distributed by Network, unique to facility, cannot be changed
- Go to ESRD Facility Quality Improvement Collaborative 2021-2022
- Click on EQRS: Monthly EQRS patient roster report verification
- Answer the three question survey to complete the activity
- **This is a monthly activity to be completed by the 3rd of each month**
- **Compliance is monitored by the Network**



The Network believes that reviewing the Patient Roster Report is an important monthly activity for facilities to do regularly to make sure their patient data in EQRS is as accurate as possible.

We require facilities to complete a monthly verification that this activity was completed in EQRS by answering a few brief questions in IPRO Learn.

And please note, the EQRS Patient Roster Report can also show inaccuracies. Please do not worry about fixing the Report, focus on fixing any patient record that needs to be corrected. Report your findings as best as you can in IPRO Learn.



Working With EQRS Reports

- Patient Events Report

Now Let's review the Patient Events Report, which is also in EQRS.



Run the Patient Events Report in EQRS

- Go to **Reports** → click on the **Patient Events Report**
- Date range should be Beginning of Year through End of previous Month
- **Search:** Type your Facility Name or CCN, select your facility when it appears
- **Sort Order:** Select Patient Name
- Under Report Parameters: select all Admit and Discharge Reason(s)
- Select **Export As:** Excel
- Click **Generate Report** (Please note the page may just refresh and it looks as if nothing was done)
- Click **My Reports** on the left hand side of the screen, Report may be *pending*
- Refresh and wait to see if the report is listed as **Completed**
- Once Completed, you should be able to click on the report to download it

You may already be familiar with this report from working on the 2744 Annual Facility Survey.

It is also located in the Reports Tab in EQRS, and it asks you to enter a Start Date and End Date for the Report, so you can review all events within that time period.



Process Patient Events Report

- Click on the Excel file to download it.
- Click to save the file and name it "mm-YYYY Event Information"
- **Delete the first three rows of information**
- Next on the informational ribbon at the top of the screen, click on data tab and then click the funnel-shaped icon called **Filter**



- This will make your row headers (now your first row that has titles such as "EQRS ID, Last Name, etc) have filters
- You can now filter by any column header of your choosing

Once the report is completed, download it and remove the first 3 rows of the excel file, so that you can apply the different sorts and filters to the data.



Verify Events By “Admit Reason”

- Find the column named, “Admit Reason” click the small upside down triangle on the right of that box and select type of admission.
- Sort by Admit Reason or Admit Treatment or Admit Setting
- Check “New to ESRD” for the month
 - Admit Reason: New Patient Event
 - Admit Treatment: Hemodialysis
 - Admit Setting: Dialysis Facility
- Check patients under each category and fix

Start by sorting the patients by Admit Reason to make sure every patient is admitted correctly and with the correct Admit Date.



Verify Events By “Discharge Reason”

- Find the column named, “Discharge Reason” click the small upside down triangle on the right of that box and select any discharge reason.
- Shows a list of patients by the specific discharge reason
- Sort by Discharge Reason and Setting
- To get “Incenter-Deaths” add the Filters for:
 - Discharge Reason: Death
 - Setting: Dialysis Facility
- Check [and fix] all patients under each category as needed

Then sort by Discharge Reason to make sure the reasons and Dates are accurate as well.

Make all corrections in the EQRS patient record and not in this excel file.



Conduct Data Clean-Up Activities

- Look for and resolve any:
 - System Discharges
 - 'Date of Death' does not match 'Discharge Date' (if discharge reason is death)
 - Discharge Subcategory is BLANK (and Discharge reason is 'Transfer')
 - Discharge Reason = 'Dialysis in Support of Transplant'
 - First Admit Reason is not "New to ESRD"
- Running this report monthly will help your facility maintain the most accurate and complete patient data, leading to:
 - Fewer Network-distributed Cleanup Reports
 - Higher EQRS Compliance Rates
 - Easier time completing the CMS 2744 Annual Facility Report
- Make updates in your batch system as well!

Other cleanup activities include:

- Resolving any System Discharges
- Fixing any Date of Death that does not match the Discharge Date of Death
- Filling in any blank discharge subcategory in EQRS Admissions
- Removing any 'Dialysis in Support of Transplant' admissions. There should not be any Transient admissions in EQRS.
- And making sure that a patient's very first dialysis admission is 'NEW ESRD' – so that the 2728 is submitted on time.

Please note, it is important that any corrections you make in EQRS are also made in the batch system – otherwise the batch will overwrite the EQRS data and all your corrections will be gone.

By conducting these cleanup activities each month, you will have a much easier time completing the 2744, and you will receive fewer cleanup reports from the Network – which we will talk about next.

Network Weekly / Monthly Reports



As you now know, the Network receives CMS EQRS Data, which is formatted into facility-specific data and distributed to the contacts on file.



Data Cleanup Reports from the Network

- Missing 2728 / 2746 Forms Report
- Missing Data Reports
 - First Admit Not New ESRD (patients incorrectly admitted as Transfer in)
 - Gap Patient Report (patients discharged from one facility and are not admitted by another facility)
 - System Discharge (discharge information has to be updated to correct discharge reason. This will cause 2744 forms not to balance)
 - Missing/Misaligned Treatment/Training
- Missing Clinical Report
- The Network will send cleanup reports using data received from a CMS subcontractor & distribute to facilities within 24 hours of receipt
 - Due to delay in receipt/processing/distribution of cleanup reports, some data may have already been resolved
 - No need to contact the Network to say that “data has been fixed”
 - If facility has no Missing/Incorrect Data – facility will not receive a Cleanup Report

-
- Your team may already be familiar with some of these reports, as we try to send them out weekly and/or monthly as appropriate.
 - Facilities are expected to take immediate action to each UPI on the reports in EQRS, since incorrect data can have negative impact on the patient's Medicare coverage and transplant waitlist status
 - There is no need to notify the Network once corrections have been made – we will know that when we run the next round of reports.
 - If you do need assistance or have questions about a report, please open a FreshDesk ticket and include the UPI and the name and date of the report you received from the Network.



Important Notes About EQRS

- **2728 Form** will not appear if patient Demographics missing: **Race, Ethnicity, Address**.
- **2746 Form** will not appear if patient *Demographics* → *Miscellaneous* missing **Date of Death (DOD)** and **Cause of Death (COD)**.
- If patient has been discharged with a death event from your facility for more than 30 days the facility will not be able to edit the DOD/COD
 - Open a IPRO helpdesk Ticket stating “please add the DOD *[include date]* and COD *[include Code]* for Patient UPI *[include UPI]*.”
 - **Do not include any PHI/PII**

Some important notes about EQRS

Though not required fields, the patient’s Race, Ethnicity, and address should be filled out, or the 2728 will not appear

On the Demographics Miscellaneous section, the Date of Death and Code of Death should be filled out, or the 2746 will not appear

As mentioned earlier, you will not be able to add [Date of Death] and [Cause of Death] information after 30 of the patient being discharged from your facility – simply submit a Fresh Desk ticket and we will do it for you – if you include the UPI, [Code of Death] and [Date of Death].

Network EQRS Data Quality Compliance Report

The Newest EQRS Report we sent is the Network EQRS Data Quality Compliance Report



***New* Data Quality Improvement Activity**

- CMS requirements for facilities to:
 - Admit patients within 5 days of starting treatment at your facility
 - Submit CMS-2728 Forms within 45 calendar days
 - Submit CMS-2746 Forms within 14 calendar days of death

Strive towards 100% compliance

CMS has designated EQRS as a Quality Improvement Activity for the next 5 years.


They will be monitoring Network-wide performance in each of the following measures:

- Patient Admissions into EQRS within 5 business days of the treatment start date. This means that if the patient started at your facility on January 1st you need to get them admitted into EQRS by January 6th to be considered on-time.
- Initial 2728 Forms are to be submitted in EQRS within 45 calendar days. All patients admitted as 'NEW ESRD' require an Initial 2728 Form. The due date is based on the date patient started at your facility, and you can monitor when the Form is due in the 2728 section of the patient's record.
- 2746 Forms are to be completed within 14 calendar days of the Date of Death entered in the Patient Demographics in EQRS. If you do not know the patient's cause of death you may use Code 99. Be sure to add the Discharge Information as well to the Admits section.



Monthly Compliance Report

- Shows rates of Admissions/ 2728/ 2746 on time out of total
- Rates are rolling sum of forms submitted over past 12 months concluding with previous month
- Facility will need to develop a plan to continuously improve these rates
- Facilities that are not improving the rates will be asked to conduct Rapid Cycle Analysis and develop a Performance Improvement Plan. The Network will provide technical assistance.



EQRS Data Compliance Report

Report Run On: 9/7/2021 NW
CCN Your Facility Name Here

Your facility Contacts list here

Facility Data EQRS Contact
Facility Medical Director
Facility Administrator

This report shows your facility's compliance with 3 key CMS EQRS Data Management Guidelines:

- Patients are admitted within 5 business days of starting treatment at the facility
- 2728 Forms are submitted within 45 days of the date dialysis began
- 2746 Forms are submitted within 14 days of the date the patient expire

Facilities should strive to reach 100% for each Measure

CMS calculates the compliance rate using the EQRS system date indicating that a Measure is completed on time as the numerator, and total Measures completed during the time period as denominator. The rate is calculated as a rolling sum over a year such that this month's data includes forms submitted in the last 12 months, concluding at the end of the previous month. For example, Aug-2021 includes data from July 2020 through August 2021

Rolling 12 Months End Date	EQRS Admission within 5 Business Days Rate	2728s Submitted within 45 Days Rate	2746s Submitted within 14 Days Rate
Aug-2021	78.05%	42.11%	38.10%
Jul-2021	82.22%	40.91%	33.33%
Jun-2021	79.17%	43.48%	31.25%
Baseline 2020	69.05%	37.93%	66.67%

This new Monthly Compliance Report shows the 3 key measures and what percent of each were completed on time.

Please note that based on the way CMS is calculating these rates, each month's rate includes the total rate from the last 12 months. So a patient's Form that was submitted late in July will be counted in the rate until the following July.

Strive to reach 100% in each measure, but please focus on getting the rates to improve from month to month.



How To Improve Compliance Rates

- Strive for 100% compliance by:
 - Submitting data in EQRS daily
 - Reviewing Network reports with your team upon receipt
 - Conduct frequent and consistent data clean-up activities to ensure that the facility will be in compliance with CMS data reporting requirements
- If you get a **Possible Duplicate/ Near Match Error** when admitting a patient, submit the **Possible Duplicate Or Near Match Patients Form** to the Network:
<https://redcap.ipro.org/surveys/?s=9FN3KF8A7T>

To summarize, you can improve your facility's Compliance Rate by:

- Submitting and maintaining patient EQRS data daily
- Reviewing the Dashboard and the Network-sent reports with your team regularly
- Maintaining accurate contact information with the Network
- And conduct data cleanup activities using EQRS Reports

Network Support to Facilities

To conclude this training, here are a few ways that the Network is able to assist facilities in improving and sustaining a strong compliance rate.



Supporting Facilities with Admission Timeliness

Submit possible duplicate patients information using this form, no need to submit ticket to the Network

Possible Duplicate Or Near Match Patients Form
<https://redcap.ipro.org/surveys/?s=9FN3KF8A7T>

Submit transplant events using this form

IPRO ESRD Program Transplant Event Form
<https://redcap.ipro.org/surveys/?s=AR4PATFFMJ>

End-Stage Renal Disease Network Program
esrd.ipro.org

Possible Duplicate Or Near Match Patients Form

Please complete the fields below if you received the Possible Duplicate Patient error message or Near Match error message in EQRS.

Upon submission the Network will evaluate the data and admits the patient in EQRS within 2 business days of receipt.

End-Stage Renal Disease Network Program
esrd.ipro.org

IPRO ESRD Program Transplant Event Form

Please complete the below data collection tool to capture Transplant and Death information for patients. The ESRD Network will enter this information into EQRS daily.

REQUIREMENT CHANGE: Patient Transplant and Death event data must be submitted to the Network daily. CMS requires new patients to be admitted into EQRS within 5 business days of the first treatment. This requirement will ensure that the patient information is available in EQRS to complete the CMS 2728 and 2746 timely.

35

When you try to admit a patient into EQRS but receive a “Possible Duplicate/Near Match Error” submit the ‘Possible Duplicate or Near Match Patient Form’ and the Network staff will review and admit the patient into EQRS within in 2 business days.

Transplant Centers have a similar Transplant Event Form that they use to request Network assistance admitting transplant patients in EQRS.

IPro ESRD Facility Contacts Management System



- Maintain facility Key Personnel using **IPro ESRD Facility Contacts Management System**
- <https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a>

Facilities can login any time:

- Login: **IProESRD**
- Password: facility **CCN**


If contact information is not up to date,
you can miss important emails.

A screenshot of a web application interface. At the top, there is a header with the IPro logo on the left and the text "End-Stage Renal Disease" and "IPro ESRD Network Program" on the right. Below the header, there is a paragraph of text: "The IPro ESRD Facility Contacts Management System is the Network's source for facility personnel contact information. Sign in to the system to review and make changes to staff associated with your facility." Below this, it says "Login ID: IProESRD" and "Password: Facility 6 digit CCN number". Then, it says "Once logged in you will be able to add, edit, and delete facility staff information." Below that, it says "If you need additional assistance, please submit a ticket using [IPro ESRD Customer Support Portal](#)." There are two input fields: "Login ID" with a help icon and "Password/CCN No." with a help icon. The "Login ID" field contains the text "IProESRD". The "Password/CCN No." field contains the text "Your Facility's 6 Digit CCN Number". Below the input fields is a "Login" button.

It is important that the Network has the most current contact information for your facility staff.

If contact information is not up to date, your team will miss important emails.

This link can be used by facilities at any time to notify the Network of key personnel changes, and it can be found in the KnowledgeBase and in IPro Learn for easy access.



IPRO ESRD Customer Support Portal

★
<http://help.esrd.ipro.org/>
★

- Submit tickets for any data issues
- Search the knowledge base for frequently asked questions

How can we help you today?

Enter your search term here...

[+ New Support Ticket](#)
[+ Check Ticket Status](#)

Submit a ticket

I acknowledge that I have not included any patient PHI/PII (e.g., Name, SSN, DOB, etc.). Only use the EQRS Patient UPI to identify a patient. I have also not included any attachments including PHI/PII.

Name *

Phone Number (with no spaces or dashes)

Email Address * pharmson.wright@ipro.us

Add cc

Network *

CCN / CMS Certification Number *

Facility Name *

Topic *

Subject (Brief Description / Action Requested) *

Description - Be specific, provide the software (System), Who (UPI), What (to fix), When (Date of event) - Do not submit PHI/PII *

[+ Attach a file](#)

[SUBMIT](#) [CANCEL](#)

Remember: Never Submit PHI or PII, use the patient UPI to prevent security violation

The Customer Support portal is the fastest way to connect with Network Staff who can assist you with all things Quality Improvement and EQRS.

Browse the Knowledge Base for answers to frequently asked questions and open a **New Support Ticket** if you would like one on one assistance.

Please remember to only provide the UPI when submitting a ticket. Never include PHI nor PII in your ticket.

Thank You!

For more information:

Website: <https://esrd.ipro.org/>



Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072

<http://ipro.org>

This concludes our training on how facilities can improve EQRS Data Submission Compliance.

Thank you for watching.