



ESRDData LINKS

Information for those reporting ESRD data to Renal Network 11

Fall 2010

CMS Announces Release Dates for CROWNWeb



CMS has announced the next two CROWNWeb releases. We are currently in Phase II which consists of 180 dialysis facilities participating in CROWNWeb nationally. In January 2011 Phase III will expand to 360 facilities including 20 facilities in Network 11. The CROWNWeb national release to all Medicare certified dialysis facilities is scheduled for late Spring 2011.

Phase III will meet the requirements of the “QualityNet Identity Management System” (QIMS, formerly QIPS), an update to the process for registering CROWNWeb users, and “multi-factor authentication” that provides another layer of security for patients’ private information. In addition to a username and password, a pass code will be provided to CROWNWeb users via a phone call, text message, or e-mail (choice to be made at registration). A new code will be required each time a user logs on to CROWNWeb and will automatically be generated once the user enters their correct username and password.

SIGN UP NOW! for the latest CROWNWeb news, development, efforts, requirements, and tips at: <http://www.projectcrownweb.org/crown/index.php>. The “CROWNWeb Learning Management System” (LMS) provides on-line training, simulations, and training materials for CROWNWeb.

Network 11 Annual Meeting

There is still time to register for the 2010 Network 11 Annual Meeting which will be held on Friday, October 15, 2010, in Saint Paul, MN. This year’s meeting will again provide an excellent educational opportunity for ESRD Providers. Presentation topics include: Vascular Access Best Practices, Advance Care Planning: Revised RPA Guidelines, Health and Nutrition for People with Kidney Disease, Prospective Payment System: Intended Consequences, Maintaining Quality in a Bundled Environment, and “We Can Do Better.” On-site registration is available.

The agenda and information regarding registration can be found in this brochure: http://www.esrdnet11.org/assets/pdf/annual_meeting_brochure_2010.pdf.



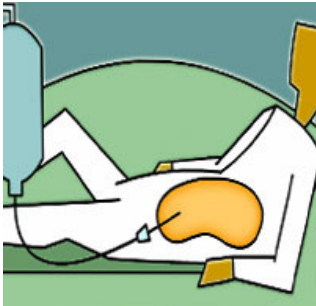


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FAQ: PD First Date of Dialysis/Training Date on CMS-2728 Form



HELP! Our newest facility asks, "For PD patients, what date should I enter for 'Date Training Began' (Field #40) on the 2728 form?"

Answer: "Date Training Began" is the date the patient first had an exchange of solution, regardless of dwell time. The same date is also considered the "Date Patient Started Chronic Dialysis at Current Facility," Field #25. The dates recorded in Fields #25 and #40 should match for new PD patients.

Newest Version of 2728

Good news!

There is now an electronic version of the CMS-2728 that contains a "0-6 months" checkbox for Fields #18 a-c.

To print a copy, go to: <https://www.cms.gov/cmsforms/downloads/CMS2728.pdf>

Also, we have heard from several facilities that they have received a September mailing of corrected 2728 forms from CMS. These forms replace those that CMS mailed in August with errors in Fields #22-25. The new forms also contain the "0-6 months" checkbox for #18 a-c.

Upon receipt of the new 2728 shipment, please destroy blank forms with the #22-25 errors. The erroneous forms display the form ID number *Form CMS-2728-U3 (06/04)* in the lower left hand corner. The ID number of the corrected forms is *Form CMS-2728-U3 (03/06)*.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0045

END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

A. COMPLETE FOR ALL ESRD PATIENTS Check one: Initial Re-entitlement Supplemental

1. Name (Last, First, Middle Initial) _____

2. Medicare Claim Number _____ 3. Social Security Number _____ 4. Date of Birth _____

5. Patient Mailing Address (Include City, State and Zip) _____ 6. Phone Number () _____

7. Sex Male Female 8. Ethnicity Not Hispanic or Latino Hispanic or Latino (Complete Item 8)

9. Country/Area of Origin or Ancestry _____

10. Race (Check all that apply) White Black or African American American Indian/Alaska Native (Specify in Supplemental Item) Asian Native Hawaiian or Other Pacific Islander

11. Is patient applying for ESRD Medicare coverage? Yes No

12. Current Medical Coverage (Check all that apply) Medicaid Medicare Employer Group Health Insurance DVA Medicare Advantage Other None

13. Height _____ or _____ or _____

14. Dry Weight _____ or _____

15. Primary Cause of Renal Failure (Use code from back of form)

16. Employment Status (If more than one, check all that apply) Unemployed Employed Full Time Employed Part Time Homemaker Retired due to Age/Preference Retired (Disability) Medical Leave of Absence Student

17. Co-Morbid Conditions (Check all that apply) Congestive heart failure Atherosclerotic heart disease ASHD Other cardiac disease Cerebrovascular disease, CVA, TIA* Peripheral vascular disease* History of hypertension Amputation Diabetes, currently on insulin Diabetes, on oral medications Diabetes, without medications Diabetic retinopathy Chronic obstructive pulmonary disease Tobacco use (current smoker)

18. Prior to ESRD Therapy: a. Did patient receive angiotensin synthetase or equivalent? Yes No Unknown b. Was patient under care of a nephrologist? Yes No Unknown c. Was patient under care of a kidney dietitian? Yes No Unknown d. For hemodialysis patients only, what access was used on first outpatient dialysis? AVF Graft Catheter Other

19. Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode (Lipid Profile within 1 Year of Most Recent ESRD Episode)

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a.1. Serum Albumin (g/dl)			a. HbA1c		
a.2. Serum Albumin Lower Limit			a. Lipid Profile TC		
a.3. Lab Method Used (BCG or BCP)			LDL		
b. Serum Creatinine (mg/dl)			HDL		
c. Hemoglobin (g/dl)			TG		

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT

20. Name of Dialysis Facility _____ 21. Medicare Provider Number (for item 20) _____

22. Primary Dialysis Setting Home Dialysis Facility/Center SNF/Long Term Care Facility

23. Primary Type of Dialysis _____ hours per week, _____ hours per session _____
 CAPD CCPD Other

24. Date Regular Chronic Dialysis Began _____

25. Date Patient Started Chronic Dialysis at Current Facility _____

26. Has patient been informed of kidney transplant options? Yes No

27. If patient NOT informed of transplant options, please check all that apply:
 Medically unfit Patient declines information
 Unavailable due to age Patient has not been assessed
 Psychologically unfit Other

FORM CMS-2728-U3 (03/06)