Completing the 2020 CMS-2744 Annual Survey

Thursday, January 28, 2021
2—3 p.m. Eastern Time

End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)
Submitting Questions

Type questions in the “Q&A” section, located to the right of your screen.

Send all Q&A questions to “All Panelists”

Note: Some questions may require additional research. Unanswered questions may be submitted to CRAFT@MyCROWNWeb.org.
Today’s Trainer

O nel Delva, MS, CTT+
Communications Director

Note:
Patient data used in this presentation is fictitious.
Agenda

• CMS-2744 Annual Survey Overview
• Generating and Saving a CMS-2744
• Editing an Existing CMS-2744
• Submitting a CMS-2744
• Submitting a CMS-2744B for a Transplant Center
CMS-2744 Annual Survey
Overview
What is the CMS-2744 Annual ESRD Facility Survey?

The Annual ESRD Facility Survey is:

• A CMS Office of Management and Budget reporting requirement for all ESRD facilities and Transplant Centers to provide information to CMS

• Designed to collect ESRD facility (2744A) and Transplant Center (2744B) information regarding:
  – Patient Census
  – Treatment Records
  – Staffing Records
The information is used to assess and evaluate the local, regional and national levels of medical and social impact of ESRD care and is used extensively by researchers and suppliers of services for trend analysis.*

*Federal Register Vol. 75, No. 48 March 12, 2010
What is Included on a CMS-2744?

2744A: Dialysis Facilities
- Facility Information
- Beginning Patient Count
- Additions
- Losses
- Ending Patient Count
- Medicare Status
- Number of Treatments In-Center and Other
- Vocational Rehabilitation Information
- Staffing

2744B: Transplant Facilities
- Number of Transplant Patients
- Medicare Status
- Number of Transplants
- Transplant Wait List Count
Example of CMS-2744A

CMS-2744A Instructions:
Example of CMS-2744B

CMS-2744B Instructions:
CMS-2744 in EQRS

• EQRS pulls data from the following screens to pre-populate CMS-2744 fields:
  – Facility Details
  – Patient (Demographics)
  – Admissions
  – Treatments
• Facilities initiate the CMS-2744 completion process in EQRS, by generating a form and submitting it for acceptance by the Network.
• The CMS-2744 form goes through various stages before it is complete. Facilities must monitor their forms’ status.
• The form is complete once it is in a “FINALIZED” status.
CMS-2744 Flow

- ESRD Networks have local submission deadlines to help ensure that CMS-2744 forms are “FINALIZED.”

- The facility generates and submits the CMS-2744 form to the Network for review. The Network accepts or rejects the CMS-2744 and submits it to CMS.
Generating and Saving a CMS-2744
Select the Facility by Clicking Change Organization
Click the Form 2744 Link from the Facilities Tab
Click Search for Missing Survey Status

Manage Form 2744

The ESRD Facility Survey form (CMS-2744) is used to capture and report facility and patient information related to the operation of each federally approved dialysis or transplant facility.

Facility Search

Survey Year *: 2020
Survey Status *: Missing
Search: *: ABC Dialysis

[Search Button]
Click Add for Missing Survey
Click Generate to Add Facility Form 2744
Successfully Generated Form 2744

### Edit Facility Form 2744

**Form 2744 ID:** 3100000075  **Facility Name:** ABC Dialysis

**Facility NPI:** 1234567890  **Network:** 9  **Survey Year:** 2020

### Info

Successfully generated Form 2744.

### Generate

### Save

#### Dialysis Patients

**Patients Receiving Care Beginning of Survey Period**

- [01] Incarer: 0
- [02] Home: 0
- [03] Total Fields 01 thru 02: 0

**Additions During Survey Period**

- [04A] Started for first time ever: 10
- [05A] Restarted: 1
- [06A] Transferred from other dialysis unit: 8
- [07A] Returned after transplantation: 1

**Losses During Survey Period**

- [066A] Deaths: 0
- [069A] Recovered kidney function: 0
- [10A] Received transplant: 0
- [11A] Transferred to other dialysis unit: 1

- [066B] Deaths: 0
- [069B] Recovered kidney function: 0
- [10B] Received transplant: 0
- [11B] Transferred to other dialysis unit: 0
Review Patients Receiving Care Beginning of Survey Period Section

Dialysis Patients

| Patients Receiving Care Beginning of Survey Period | (01) Incenter: 1 | (02) Home: 0 | (03) Total Fields 01 thru 02: 1 |
Review Additions During Survey Period Section

<table>
<thead>
<tr>
<th>Additions During Survey Period</th>
<th>Inciner</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>(04A) Started for first time ever:</td>
<td>10</td>
<td>(04B) Started for first time ever: 1</td>
</tr>
<tr>
<td>(05A) Restarted:</td>
<td>1</td>
<td>(05B) Restarted: 0</td>
</tr>
<tr>
<td>(06A) Transferred from other dialysis unit:</td>
<td>7</td>
<td>(06B) Transferred from other dialysis unit: 1</td>
</tr>
<tr>
<td>(07A) Returned after transplantation:</td>
<td>1</td>
<td>(07B) Returned after transplantation: 0</td>
</tr>
<tr>
<td>Losses During Survey Period</td>
<td>Incenter</td>
<td>Home</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>(08A) Deaths:</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(09A) Recovered kidney function:</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10A) Received transplant:</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11A) Transferred to other dialysis unit:</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(12A) Discontinued dialysis:</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(13A) Other (LTFU):</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Review Patients Receiving Care at End of Survey Period Section

<table>
<thead>
<tr>
<th>Patients Receiving Care at End of Survey Period</th>
<th>Self-Dialysis Training</th>
<th>Total Incenter Dialysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incenter Dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Hemodialysis</td>
<td>(16) Hemodialysis: 0</td>
<td>(20) Fields 14 thru 19: 17</td>
</tr>
<tr>
<td>(15) Other: 4</td>
<td>(17) CAPD: 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(18) CCPD: 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(19) Other: 0</td>
<td></td>
</tr>
<tr>
<td>Home Dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) Hemodialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) CAPD: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) CCPD: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) Other: 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Patients**

(26) Fields 20 and 25: 19
### Patient Eligibility Status End of Survey Period

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently enrolled in Medicare</td>
<td>7</td>
</tr>
<tr>
<td>Medicare application pending</td>
<td>5</td>
</tr>
<tr>
<td>Non-Medicare</td>
<td>3</td>
</tr>
</tbody>
</table>
Review Hemodialysis Patients Dialyzing More Than 4 Times Per Week Section

<table>
<thead>
<tr>
<th>Hemodialysis Patients Dialyzing More Than 4 Times Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>(30A) Setting Incenter Day: 0</td>
</tr>
<tr>
<td>(30B) Setting Home Day: 1</td>
</tr>
<tr>
<td>(31A) Setting Incenter Nocturnal: 1</td>
</tr>
<tr>
<td>(31B) Setting Home Nocturnal: 1</td>
</tr>
</tbody>
</table>
### Review Vocational Rehabilitation Section

<table>
<thead>
<tr>
<th>Vocational Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(32) Patients aged 18 through 64: 4</td>
</tr>
<tr>
<td>(34) Patients receiving services from Voc Rehab: 0</td>
</tr>
<tr>
<td>(36) Patients attending school full-time or part-time: 0</td>
</tr>
</tbody>
</table>
Enter Incen ter Dialysis Treatment

Incenter Dialysis Treatment (includes training treatments)

(37) Hemodialysis: 425  
(38) Others: 16  

NOTE: The following section (fields 37 and 38) should reflect all outpatient treatments given to ESRD patients including self-care training treatments and those provided to transients during the survey year. Please be certain to report treatments to correspond with patients counted at the end of the survey period in a particular modality. If a situation occurs where a patient is reported at the end of the survey period but, no treatments were provided, please explain why no treatments were provided in the Remarks section of the survey form. DO NOT INCLUDE ACUTE TREATMENTS.

Hemodialysis  
Field 37: Outpatient Treatments. Enter the number of staff-assisted treatments, training hemodialysis treatments and treatments performed by self-dialyzing patients, in-center, during the survey period.

Other  
Field 38: Other Treatments. Enter the number of all other types of treatments provided in-center. For all types of peritoneal dialysis training, report the number of days for which exchanges were provided. Do not report the number of exchanges and do not report days where no dialysis treatments or exchanges were furnished. For example, report the number of staff-assisted and training intermittent peritoneal (IPD) treatments, CAPD and CCPD training days and all other number of treatments performed by self-dialyzing patients or training patients, in-center, during the survey period.
Enter Staffing as of December 31, 2020

<table>
<thead>
<tr>
<th>Staffing</th>
<th>(39) # Full Time Staff</th>
<th>(40) # Part Time Staff</th>
<th>(41) # Open Full Time Positions</th>
<th>(42) # Open Part Time Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) RNs:</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>(b) LPN/LVN:</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>(c) PCTs:</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(d) APNs:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(e) Dietitians</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(f) Social Workers:</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Review Errors, Enter Comments, Click Save

Remarks/Comments

Status: Draft
Date Generated: 2020-12-22T19:44:03.365+0000 by test.sdammoju1

Errors:

Error - The Total number of patients receiving care at the beginning of the survey period (field 03) cannot equal 0 if the facility has not closed.
Error - The total number of patients receiving incenter hemodialysis (field 14) cannot be greater than the total number of incenter hemodialysis treatments including training (field 37). Hemodialysis total is incorrect.
Error - The total number of patients receiving incenter other dialysis (field 15) cannot be greater than the total number of incenter other dialysis treatments including training (field 38). Other dialysis total is incorrect.
Error - The total number of Medicare patients (fields 27, 28, 29) must equal the total number of patients (field 26).
Error - The total number of frequent home hemodialysis patients (fields 30B and 31B) cannot be greater than the number of home hemodialysis patients (field 21). Frequent home hemodialysis patients total is incorrect.

Comments:

Generate  Save
Successfully Saved Form 2744

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**View Facility Form 2744**

**Form 2744 ID:** 3100000075  **Facility Name:** ABC Dialysis  
**Facility NPI:** 1234567890  **Network:** 9  **Survey Year:** 2020

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### Dialysis Patients

<table>
<thead>
<tr>
<th>Patients Receiving Care Beginning of Survey Period</th>
<th>(01) Incenter: 0</th>
<th>(02) Home: 0</th>
<th>(02) Total Fields 01 thru 02: 0</th>
</tr>
</thead>
</table>

### Additions During Survey Period

- **Incenter**
  - (04A) Started for first time ever: 10
  - (05A) Restarted: 1
  - (06A) Transferred from other dialysis units: 7
  - (07A) Returned after transplantation: 1

- **Home**
  - (04B) Started for first time ever: 1
  - (05B) Restarted: 0
  - (06B) Transferred from other dialysis unit: 1
  - (07B) Returned after transplantation: 0

---

*Successful*

Successfully saved Form 2744.
The CMS-2744 pulls data from the following screens.
(Select all that apply)

- Dashboard
- Facility Details
- Manage Clinical
- Admissions
- Action List
- Treatments
- Patient (Demographics)
1. Click the **Change Organization** button to ensure that the correct facility is selected.

2. Click the **Facilities** tab.

3. Click the **Form 2744** link.

4. Select the **Survey Year** and **Survey Status** and click **Search**.

5. Click the **Add** link in the **Actions** section.

6. Click the **Generate** button.

7. Review pre-populated data and enter **Treatment and Staffing** information.

8. Click the **Save** button.
Editing an Existing CMS-2744
Click the Form 2744 Link from the Facilities Tab
Enter the Desired Survey Year, Select Existing, and Click Search
Click the View Link
Click the Edit Link
Click the Generate Button

Edit Facility Form 2744

Form 2744 ID: 310000075  Facility Name:  ABC Dialysis
Year: 2020

Facility NPI: 1234567890  Network: 9  Survey

Dialysis Patients

Patients Receiving Care Beginning of Survey Period
(01) Incenter: 0  (02) Home: 0  (03) Total Fields 01 thru 02: 0

Additions During Survey Period
Incenter
(04A) Started for first time ever: 0

Home
(04B) Started for first time ever: 1
Click the Save Button

Remarks/Comments

Status: Draft
Date Generated: 2020-12-29T17:24:39.303+0000 by test.uvtuser20

Errors:
Error - The total number of patients (field 26) must equal the sum of the patients receiving care at the beginning of the survey period (field 03) plus the additions during the survey period (fields 04A through 07B) minus the losses during the survey period (fields 08A through 13B).

Comments:
1. Click the **Facilities** tab.
2. Click the **Form 2744** link.
3. Select the **Survey Year** and **Survey Status** and click **Search**.
4. Click the **View** link in the **Actions** section.
5. Click the **Edit** link.
6. Click the **Generate** button.
   - The pre-populated fields are automatically updated.
   - Make updates to the Treatment and Staffing fields (if needed).
7. Click the **Save** button.
Submitting a CMS-2744
Click the Form 2744 Link from the Facilities Tab
Enter the Desired Survey Year, Select Existing, and Click Search
Click the View Link
Click Submit For Review

Remarks/Comments

**Status:** Draft

**Date Generated:** 2020-12-29T17:24:39.303+0000 by test.uvtuser20

Submit for Review
Review Confirmation Dialog Box, Click Yes
Successfully Submitted Form 2744
Monitor the CMS-2744: Click Status Change Updates
Monitor the CMS-2744: Status

Submitted for Review - When the facility submits the CMS-2744 form for acceptance.

Accepted - The Network accepts the final version from the facility for approval.

Rejected - The Network rejects the CMS-2744 form and returns it to the facility for further updating.
Finalized - The Network approves the CMS-2744 form.

Reopened - CMS does not accept the finalized version from the Network and it is returned to the facility for further review.
Who do you contact if you need assistance with finalizing your CMS-2744 form?

- EOCT
- ESRD Network
- CMS
Summary: Submitting a CMS-2744

1. Click the **Facilities** tab.
2. Click the **Form 2744** link.
3. Select the **Survey Year** and **Survey Status** and click **Search**.
4. Click the **View** link in the **Actions** section.
5. Click the **Submit for Review** button.
6. Click **Yes** in the **Confirmation Dialog** box.
7. Monitor the status via the **Status Change Updates** screen.
Submitting a CMS-2744B for a Transplant Center
Access the Form 2744B

The steps to access a CMS-2744B form for transplant centers are the same as a CMS-2744A form for dialysis facilities:

1. Click the **Change Organization** button to ensure that the correct center is selected.
2. Click the **Facilities** tab.
3. Click the **Form 2744** link.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **Add** link in the **Actions** section.
Click the Generate Button
Review Pre-Populated Fields and Enter Patients Awaiting Transplant

### KIDNEY TRANSPLANTS PERFORMED - PATIENTS TRANSPLANTED AND DONOR TYPE

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(43) Patients who received transplant at this facility</td>
<td>1</td>
</tr>
<tr>
<td>Eligibility Status of Patients Transplanted at this Facility During the Survey Period</td>
<td></td>
</tr>
<tr>
<td>(44) Currently enrolled in Medicare</td>
<td>0</td>
</tr>
<tr>
<td>(46) Non-Medicare U.S. Res</td>
<td>0</td>
</tr>
<tr>
<td>(45) Medicare application pending</td>
<td>1</td>
</tr>
<tr>
<td>(47) Non-Medicare Other</td>
<td>0</td>
</tr>
<tr>
<td>Transplant Procedures Performed at This Facility</td>
<td></td>
</tr>
<tr>
<td>(48) Living Related Donor</td>
<td>1</td>
</tr>
<tr>
<td>(50) Deceased Donor</td>
<td>0</td>
</tr>
<tr>
<td>(49) Living Unrelated Donor</td>
<td>0</td>
</tr>
<tr>
<td>(51) Total Fields 48 thru 50</td>
<td>1</td>
</tr>
<tr>
<td>Patients Awaiting Transplant</td>
<td></td>
</tr>
<tr>
<td>(52) Dialysis</td>
<td>5</td>
</tr>
<tr>
<td>(53) Nondialysis</td>
<td>2</td>
</tr>
</tbody>
</table>
Review Remarks/Comments and Click Save

Remarks/Comments

Status: Draft
Date Generated: 2020-12-29T18:47:01.960+0000 by test.uvtuser20

Comments:

Generate  Save
Click Submit for Review

Remarks/Comments

Status: Draft
Date Generated: 2020-12-29T18:47:01.960+0000 by test.uvtuser20

Submit for Review
1. Click the **Change Organization** button to ensure that the correct center is selected.
2. Click the **Facilities** tab.
3. Click the **Form 2744** link.
4. Select the **Survey Year** and **Survey Status** and click **Search**.
5. Click the **Add** link in the **Actions** section.
6. Click the **Generate** button.
7. Review pre-populated data and enter **Patients Awaiting Transplant** information.
8. Click the **Save** button.
9. Click the **Submit for Review** button.

Website: http://www.MyCROWNWeb.org

QualityNet Service Desk: 1-866-288-8912

QualityNet Service Desk Email: qnetsupport-esrd@hcqis.org

ESRD QIP Questions: ESRD QIP ServiceNow Q&A Tool

EQRS User Research: EQRUSERResearch@cms.hhs.gov

ESRD Network Map: https://esrdncc.org/en/ESRD-network-map/

An evaluation will pop up in your browser when the session ends.

Please follow the link and let us know what you think and what you would like to be covered in future Town Hall events, thank you!
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