

# Frequently Asked Questions

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## [CMS Form 2728 Form Questions](#)

**Q: What is the CMS Form 2728?**

**A:** It is a CMS form required by law to be completed on patients in the following categories.

### **Initial**

1. For all patients who receive a kidney transplant without a course of dialysis
2. For patients for whom a regular course of dialysis has been prescribed by a physician

### **Re-entitlement**

1. For patients who return to dialysis three years following a transplant and ESRD Medicare benefits were terminated
2. For patients who return to dialysis after stopping dialysis for more than 12 months and their benefits were terminated

### **Supplemental**

1. For patients who receive a transplant within the first three months of the date of first dialysis (to be completed by the transplant facility)
2. For patients who train for self care dialysis within the first three months of the date of first dialysis

**Q: When is the 2728 form due to the Network?**

**A:** The CMS Form 2728 is due to the Network within 45 days of the date the patient started at the facility.

**Q: Can the form be faxed to the Network?**

**A:** No, all forms must be mailed to the Network.

**Q: Can the patient's preferred name or nickname be used when completing this form?**

**A:** The patient's legal name should be used when completing this form.

**Q: If the patient has a Medicare Advantage plan, should that number be used in field #2 – Medicare Claim Number?**

A: CMS prefers to have only traditional Medicare numbers reported in this field.

**Q: What if the patient does not have a social security number?**

A: If the patient does not have a social security, write “None” in this field and complete the form as usual.

**Q: What should we report for the patient’s address if the patient is homeless?**

A: If the patient is homeless, provide the facility’s city, state, and zip code and put a comment in the “Remarks” field that the patient is homeless.

**Q: What race code should be chosen if the patient is Hispanic?**

A: At least one race code as listed on the form must be chosen. Choose one or more that the patient closely identifies with.

**Q: What should be reported for the height if the patient is a bilateral amputee?**

A: If the patient is a double amputee, report the patient height prior to amputation.

**Q: What if a patient’s dry weight is not available before the form is due?**

A: If a dry weight is not available, use the patient’s current weight.

**Q: Can diagnosis codes not listed on the form be used?**

A: Only the diagnosis codes on the back of the form are acceptable.

**Q: What if the timeframe pertaining to questions 18a – 18b are unknown?**

A: The timeframe for these questions must be answered.

**Q: Why do the sub questions for 18d have to be answered?**

A: CMS requires these questions be answered if the first outpatient dialysis access was Graft or Catheter.

**Q: What lab values should be reported on the form?**

A: Lab values for the Serum Albumin, Serum Creatinine, and Hemoglobin drawn within 45 days prior to the date of first dialysis should be reported on the form. The lab values for the HbA1c and Lipid Profile from up to one year prior to the date of first dialysis can be reported.

**Q: What if there are no pre-dialysis labs available?**

A: The facility should use the most recent labs and indicate in the “Remarks” section that there are no other labs available.

**Q: What date should be reported for the date regular chronic dialysis began?**

A: This date should be the date that the physician has determined that the patient has ESRD and has written a prescription for a “regular course of dialysis” regardless of the dialysis setting.

**Q: Can the date regular chronic dialysis begin and the date the patient started at the facility be the same?**

A: Yes, it is possible for these dates to be the same.

**Q: What if the patient had a transplant, but the facility is unsure of the date or transplant hospital?**

A: You may contact the Southeastern Kidney Council for this information.

**Q: Is it acceptable for the physician to sign line 51 instead of 49 of the Physician Attestation?**

A: No. These two lines have different meanings and in most cases, line 49 is where the physician should sign.

**Q: Is a stamped signature acceptable for the physician's signature?**

A: No, a stamped signature is not acceptable.

**Q: What if the patient's signature cannot be obtained?**

A: Without the signature of the patient, a family member, power of attorney or some other person authorized to sign for the patient; the Network will not accept the form.

**Q: Where can additional copies of the form CMS 2728 be obtained?**

A: Additional copies can be obtained at <http://www.esrdnetwork6.org/data/CMSFM2728.pdf>, call the Southeastern Kidney Council and request that some forms be mailed to you or contact your local Social Security Administration office.

**Q: Where can the instructions for completing this form be found?**

A: Instructions for completing the CMS form 2728 are on the back of the form or you can go to our website at <http://www.esrdnetwork6.org/data/CMSFM2728.pdf>

**Q: Should another CMS form 2728 be completed if the referring hospital started a CMS form 2728 and sent it along with the patient?**

A: Yes, another CMS form 2728 should be completed because in most cases the hospital is not a provider of chronic dialysis.

**Q: Can one physician sign for another physician?**

A: Yes, but he must provide his name UPIN in fields 46 and 48 respectively.

**Q: Where can the CMS form 2728 be mailed after completion?**

A: The blue copy should be sent to your local Social Security Administration office and the green copy should be mailed to the Southeastern Kidney Council.

**Q: What should be done if Social Security Administration requests that another CMS form 2728 be completed after the first one has already been submitted?**

A: Always comply with the requests of the Social Security Administration.

**Q: Is the facility responsible for completing the CMS 2728 if the patient discontinues dialysis before the form has been completed?**

A: The facility is still responsible for completion of this form.

**Q: What if the patient regains kidney function prior to completion of the CMS form 2728?**

A: If the patient regained kidney function within 45 days of the date regular chronic dialysis began, he or she will be considered acute, and a CMS form 2728 will not be required.

**Q: What if the patient transfers to another facility prior to completion of the CMS form 2728?**

A: The initial facility is still responsible for completion of this form.

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## **CMS Form 2746 Questions**

**Q: What is the CMS 2746?**

A: The 2746 is a form mandated by CMS to be completed on patients that die at Medicare- approved ESRD facilities. It is used to collect fact of death and death cause.

**Q: Why does the Network need to collect the ESRD death notification?**

A: Collecting this data is necessary to more effectively monitor and improve the quality of medical care for ESRD patients through to the end of life.

**Q: Are there instructions on how to complete the ESRD Death Notification?**

A: There are instructions on the back of the form. You may also find instructions and tips on our website: <http://www.esrdnetwork6.org/data/CMS2746.pdf>

**Q: How often do death notifications need to be sent to the Network?**

A: The form should be completed for patient's who expire within 30 days of the date of death.

**Q: Where can additional copies of the 2746 form be obtained?**

A: Go to our website: <http://www.esrdnetwork6.org/data/CMS2746.pdf> you can download and print the forms from your computer.

**Q: Should this form be completed for transient patients?**

A: Do not complete this form for transient patients (patients that dialyze in your facility for less than 30 days).

**Q: What if a patient discontinue and is discharged from the facility before the death occurs?**

A: If the death occurs within 30 days after the patient has been out of facility and no other facility has picked the patient up then your facility is responsible for completing this form.

**Q: Where can the death codes be found?**

A: There is a list of codes on the back of the form.

**Q: What if the cause of death is unknown?**

A: You may use code 99 for unknown. If you find the true cause of death later then submit a copy of the form and write corrected copy at the top with the new cause of death. Please be aware that if you use code 104 you must submit a secondary cause of death.

**Q: What if there is no code listed for cause of death?**

A: You may use code 98 for other and enter in text the specified cause in field 12C.

**Q: What do you do if the physician is not available for signature?**

A: A physician's signature is not required on the form. You do have to provide the physician's full first and last name.

**Q: What modality should be used for patient at time of death?**

A: The reported modality should be the last modality patient was on at your facility.

**Q: What name should be put in the provider name and provider number field?**

A: Enter your Medicare-approved ESRD facility name and Medicare-approved provider number.

**Q: How should the CMS 2746 form be submitted to the Network?**

A: Submit via mail to 1000 St. Albans Dr. Ste 270 Raleigh, NC 27609

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## **Events and Network Patient Activity Report (NPAR) Questions**

**Q: What is a Network Patient Activity Report (NPAR)?**

A: It is a CMS required data collection tool used by the dialysis facilities to report monthly patient event activity to the Network. Note: Facilities that use the VISION software are not required to use this tool for they submit their events electronically.

**Q: Are there instructions on how to complete the NPAR?**

A: Instructions can be found on our website: [www.esrdnetwork6.org/data/NPARInstructions.pdf](http://www.esrdnetwork6.org/data/NPARInstructions.pdf) Additional instructions can be in the Patient Event Business Rules and Definitions document by clicking on the following link: [www.esrdnetwork6.org/data/DefinitionsBusinessRules.pdf](http://www.esrdnetwork6.org/data/DefinitionsBusinessRules.pdf)

**Q: How often does the NPAR need to be submitted?**

A: Please submit a NPAR once per month by the 10<sup>th</sup> day of the month reporting a complete month's activity for the previous month. (e.g., Submit a NPAR reporting March patient event activity by April 10<sup>th</sup>.)

**Q: Can the NPAR be faxed to the Network?**

A: Mail the NPAR to the Network.

**Q: Can the NPAR be e-mailed to the Network?**

A: Do not e-mail the NPAR to the Network. E-mail transmission is not a safe or a secure method of submitting patient specific health information. Mailing is the only acceptable methods of submitting the NPAR to the Network.

**Q: Does the Network prefer a handwritten or typed NPAR?**

A: You may write or type your NPAR. If you choose to write, please print legibly so the data can be read easily.

**Q: Where can additional copies of the NPAR be obtained?**

A: Go to our website: [www.esrdnetwork6.org](http://www.esrdnetwork6.org), click on Data Reports and under Data Forms you will find the NPAR along with the NPAR Instructions and Patient Event Business Rules and Definitions to download and print from your computer.

**Q: What if there is no patient event activity to report for a particular reporting month?**

A: Submit a NPAR for the reporting month with the words “No Activity” written on it to the Network by the 10<sup>th</sup> day of the following month.

**Q: What does Reporting Month refer to on the top of the NPAR?**

A: It refers to the month in which all patient event activities occurred. (e.g., For Reporting Month March, only patient event activities that occurred in March should be listed on the NPAR.)

**Q: Does the Activity Summary Report on the top of the NPAR need to be completed?**

A: This part of the NPAR is optional.

**Q: Can an event that was not reported on a previous month’s NPAR be added to the current reporting month’s NPAR?**

A: Report the event on a new NPAR listing the month the event occurred as the Reporting Month on top of the form and submit it to the Network. **DO NOT** include the missing event on a different reporting month’s NPAR and **DO NOT** add the event to the NPAR that had been previously submitted to the Network.

**Q: How can a correction to an event entry be made for a NPAR that was already submitted to the Network? (e.g., an incorrect event date or modality was reported)**

A: Report the corrected event on a brand new NPAR. Make a notation on the NPAR with the words “Corrected Event” and submit it to the Network.

**Q: How are transient patients reported?**

A: The NPAR should not include transient patients. A transient patient is one who arrives at a dialysis facility from another outpatient unit and dialyzes for less than 30 days and returns to his/her previous outpatient unit.

**Q: What does Neutral Event mean?**

A: An event that does not decrease or increase your patient population count. The neutral events are modality change, interruption in service and resume service. Please see the NPAR Instructions and Patient Event Definitions and Business Rules documents found on the website for further explanation on each of these neutral events.

**Q: What belongs in the Sending/Receiving Facility column of the NPAR?**

A: Enter the six digit Medicare Provider Number or Provider Name and State, or country of the Sending or Receiving Facility. Enter this information when reporting the following types of events: Transfer In, Dialysis after Transplant, Transfer Out, and Transfer Out for Transplant. Your number or name should not be entered in that column.

**Q: Does every new ESRD patient event and death event need to be reported on a NPAR if the CMS forms 2728 and 2746 have already been submitted to the Network?**

A: All monthly patient event activity should be reported on a NPAR regardless of whether the CMS forms 2728 and 2746 have been submitted.

**Q: Can the CMS forms 2728 and 2746 be attached and submitted with the NPAR each month?**

A: CMS forms 2728 and 2746 have a different due date than the NPAR's due date. Since you only submit the NPAR once per month, it is better if you submit your forms to the Network when they are completed.

**Q: How are patients who receive a transplant reported?**

A: The patient would be reported as a Loss event, transfer out for txp, using code 5A or 5B. The abbreviation, txp, stands for transplant on this report. Remember to report the transplant provider number or name of the transplant facility in the Sending/Receiving Facility column.

**Q: Does the Transfer Out for Transplant event need to be reported if a patient receives a kidney transplant, but is still dialyzing at the dialysis unit until the transplant is working on its own? What if the transplanted kidney immediately fails?**

A: Yes, report the Loss event, Transfer out for txp, using code 5A or 5B using a date prior either to or on date transplant took place. Transplant patients may experience episodes of kidney rejection and will need dialysis support to assist the function of the kidney. Dialysis may take up to 2-3 months. If the physician or transplant surgeon states the transplant has failed, report both the Loss event, Transfer out for txp, and Addition event, Dialysis after Transplant, using code 4A or 4B.

**Q: Does the Death event need to be reported if the patient has died after he/she has been discharged/discontinued from the facility?**

A: Facilities are responsible for reporting the death event and submitting a CMS-2746 form for the patient if the death occurs within 30 days after the patient has been out of their care and no other dialysis facility has reported treating the patient.

**Q: If a patient discontinues and dies on the same date, do the discontinue and death event need to be reported?**

A: Yes, report both loss events as two separate entries on the NPAR. You are also responsible submitting a CMS-2746 form. Note: In this case, the death event will only be tracked on your Annual Survey.

**Q: What event should be reported on a dialysis patient who arrives at the dialysis unit after previously dialyzing chronically in prison or in another country?**

A: If this patient is receiving his/her first outpatient, chronic dialysis at your unit, report the Addition event, Transfer In-Patient New to ESRD Registry, using code 2B. Remember to report either "Prison" or the name of the Prison/Correctional Facility OR list the name of the country patient is transferring in from in the Sending/Receiving Facility column. A CMS-2728 form must also be submitted to the Network.

**Q: Can a patient be transferred out to a hospital?**

A: If the patient is leaving your unit to receive long term dialysis for greater than 30 days in an acute care setting (hospital) or rehabilitation facility and is expected to return to your unit, use the Neutral event, Interruption in Service code 15. When the patient returns to your unit, use the Neutral event, Resume Service code 16. If the patient has been away from your unit for an additional 30 days or more after that and you find that the patient is not expected to return, please contact the Network for further advisement.

**Q: What event should be used on a patient who stops attending dialysis and his/her whereabouts are unknown? Whereabouts known but not at an outpatient unit?**

A: After you make every effort to locate this patient, and the patient's whereabouts are still unknown, use Loss event, Lost to Follow Up, using code 10. If you know the whereabouts of this patient and you know he has not been dialyzing in another outpatient unit, please contact the Network for further advisement.

**Q: Does the Transfer Out event need to be reported when a PD dialysis patient transfers to another unit to do backup hemodialysis?**

A: Use same guidelines used for transient patients. If the patient returns to your unit in less than 30 days, then you do not need to report an event to the Network. If the patient is at the other unit for 30 days or more then report the Loss event, transfer out to another ESRD MC unit using code 6A.

**Q: Does the Modality Change event or the Transfer Out event get reported when a patient leaves the dialysis unit to go to another unit to dialyze under a different dialysis modality?**

A: Report only the Transfer Out event using code 6A listing the dialysis modality of the patient while dialyzing at your unit in the Modality column and the name of the receiving facility in the Sending/Receiving Facility column. A Modality Change event is to be used when the patient remains at your unit and changes his/her dialysis modality.

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## **Quarterly Facility Roster Questions**

**Q: What is the Quarterly Facility Roster?**

A: The Quarterly Roster is a three-month, report listing the patient activity that occurred at your facility. At the Network's discretion, the Quarterly Facility Roster can also list the beginning population and ending population for your facility during the specified period.

**Q: When is the Quarterly Facility Roster due?**

A: The due date for Quarterly Facility Rosters is contained on the memo included with the package.

**Q: When should the Quarterly Facility Roster be expected at the Facility?**

A: The Network compiles the Quarterly Facility Roster the 20<sup>th</sup> day of the month following every calendar quarter. (Ex. The January - March quarter would be printed in April)

**Q: What should be done with this report?**

A: Facility staff should review the Quarterly Facility Roster to ensure all events occurring during the period have been reported to the Network. Facility staff should also update any missing or incorrect demographic data such as HIC numbers, DOB, and name. In addition, the package should be returned to the Network by the due date indicated in the memo accompanying the package whether there are changes or not.

**Q: How should changes be report on the Quarterly Roster?**

A: Changes to the data on the Quarterly Facility Roster should be reported to the Network via the Network Patient Activity Report (NPAR). These changes include patient additions, losses to your facility, and modality changes. Please send the entire roster to the Network along with any NPARs reporting the events or demographic information to be updated.

**Q: What is the date in the Modality Event field and should it be updated?**

A: The date in the Modality Event field on the Beginning Patient Population or Ending Patient Population refers to the date the patient started at your facility or dates the patient previously changed modalities. Do not update the date in this field.

**Q: Should all HICs, SSNs, etc be verified?**

A: Yes, although the main purpose of the report is to verify that patient event for the specified period have been reported, you are encouraged to verify and correct each item listed.

**Q: Should each patient address listed be verified?**

A: Yes. CMS requires addresses to be reviewed for ESRD patients once a year. The Network will generally ask facilities in the third quarter of the year to review addresses for accuracy.

**Q: Can address updates be sent even if they are not being collected on the Facility Roster?**

A: Yes. Keeping the Network's database updated is a continuous process and the Network welcomes updates at any time. You may mail patient address changes to the Network or use the Facility Updates field of the Quarterly Facility Roster.

**Q: How should patient's address be updated?**

A: Please mark through the incorrect address and write the correct address in the Facility Updates field of the Quarterly Facility Roster.

**Q: Can changes in patient's demographics (name, SSN, etc) be emailed to the Network?**

A: No. CMS does not feel that email is a safe method for reporting patient data. Mail all updates to patient information. Note: VISION users may submit the data using the VISION software.

**Q: Should all UPINs be reviewed for the patients listed?**

A: Yes, facilities should review the patient's physician UPIN to ensure the correct physician is reflected in the Network's records.

**Q: All the events for the quarter have printed on the Quarterly Facility Roster. How should this be reflected on the on the Quarterly Facility Roster?**

A: Check block that states, "Everything is okay" and sign the cover sheet of the Quarterly Facility Roster. Mail the entire Quarterly Facility Roster to the Network.