

# The 2728

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## The CMS 2728 Form:

- Determines eligibility for ESRD benefits
- Enrolls patient in the ESRD program
- Provides data to the national registry

## Required for:

- Initial Dialysis Patients-- first chronic outpatient treatment.
- Re-entitlement-- transplant failed **after** 36 months or patient is re-starting dialysis after being off of dialysis for 12 month period.
- Supplemental Training-- patient is entering PD training **or** receives a transplant **within three months of being diagnosed with ESRD.**

## A “Compliant” 2728 Form:

- Must arrive at the Network office within **45 days** of a patient’s first chronic dialysis treatment at an outpatient dialysis facility. (**On Time.**)
- Must be filled out in its entirety ... with lab dates “in range.” (**Complete.**)

# 2728 Frequently-Seen Errors

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

Form Approved  
OMB No. 0938-0046

## 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

MM / DD / YYYY

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 9)

9. Country/Area of Origin or Ancestry

10. Race (Check all that apply)

White  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander\*  
 American Indian/Alaska Native  
Print Name of Enrolled/Principal Tribe \*complete Item 9

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

INCHES \_\_\_\_ OR POUNDS \_\_\_\_ OF  
CENTIMETERS \_\_\_\_ KILOGRAMS \_\_\_\_

14. Dry Weight

POUNDS \_\_\_\_ OF  
KILOGRAMS \_\_\_\_

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

16. Employment Status (6 mos prior and current status)

**Prior**  **Current**   
 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 currently and/or during last 10 years) \*See instructions

a.  Congestive heart failure  
b.  Atherosclerotic heart disease ASHD  
c.  Other cardiac disease  
d.  Cerebrovascular disease, CVA, TIA\*  
e.  Peripheral vascular disease\*  
f.  History of hypertension  
g.  Amputation  
h.  Diabetes, currently on insulin  
i.  Diabetes, on oral medications  
j.  Diabetes, without medications  
k.  Diabetic retinopathy  
l.  Chronic obstructive pulmonary disease  
m.  Tobacco use (current smoker)  
n.  Malignant neoplasm, Cancer  
o.  Toxic nephropathy  
p.  Alcohol dependence  
q.  Drug dependence\*  
r.  Inability to ambulate  
s.  Inability to transfer  
t.  Needs assistance with daily activities  
u.  Institutionalized  
v.  Non-renal congenital abnormality  
w.  None

18. Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent?  Yes  No  Unknown  
b. Was patient under care of a nephrologist?  Yes  No  Unknown  
c. Was patient under care of kidney dietitian?  Yes  No  Unknown  
d. What access was used on first outpatient dialysis:  
If not AVF, then: Is maturing AVF present?  Yes  No  
Is maturing graft present?  Yes  No  
If Yes, answer:  6-12 months  >12 months  
If Yes, answer:  6-12 months  >12 months  
If Yes, answer:  6-12 months  >12 months  
 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)			d. HbA1c	%	
a.2. Serum Albumin Lower Limit			e. 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

Hemodialysis (Session per week \_\_\_\_/hours per session \_\_\_\_)  
 CAPD  CCPD  Other

24. Date Regularly Scheduled for Dialysis

MM / DD / YYYY

25. Date Patient Started Chronic Dialysis at Current Facility

MM / DD / YYYY

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  
 Unsuitable due to age  Patient has not been assessed  
 Psychologically unfit  Other

FORM CMS-2728-U3 (06/04)

Country of Origin

Race

Primary Cause

Pre-ESRD Therapy

Sessions per week/ hours per session

Transplant Options

# Missing Forms Report

- Lists patients for whom we expect to receive a 2728 or 2746 Form.
- Forms listed should not *necessarily* be considered "late." Look at the event date and add 45 days (2728) or 30 days (2746). That is when the form is due at the Network office.
- Used as a reminder to turn in forms.
- Call Network if you believe form is not required from you.

322599 -FCG - SOUTH ROSWELL DIALYSIS SERVICES					
Missing Forms Report -1/1/2006 to 11/15/2006					
Pt. Name	SSN	DOB	Event Date	Actn Needed	Info
MIRANDA, CARMEN	527755557	02/09/1909	10/05/2006	form 2728	new patient without 2728
BROWN, DANIEL	337099993	06/22/1964	07/10/2006	form 2746	death event without corresponding 2746 form
RIDER, EASY	527987777	05/19/1969	04/21/2006	form 2728	Return to dialysis after TX after 3 years without 2728.
DAWSON, ROSARIO	609999994	05/09/1979	08/29/2006	form 2728	modality shift in first 90 days without supplemental training 2728
Total Missing: 5  New Patient without 2728: 3 Death Event without corresponding 2746 Form: 1					

# Current Rejects or “Incomplete Forms” Report

- Lists forms have been received by the Network but they have incomplete or inaccurate data.
- Write corrections on the report and return via fax or mail; or call to provide missing information -- **EXCEPT** for missing signatures!
- If “18” appears in the correction column, make sure the range is included (0-6 months, 6-12 months, > 12 months).

## Current Rejects Report

11/15/2006

**Due Date:** 11/22/2006

**Provider No:** 322598

**322598** FCG - NORTH ROSWELL DIALYSIS

**To :** DON HASKINS

**From :** Matt Howard  
Network 15

**NOTE :** Failure to return information requested for CMS 2728s in a timely manner may result in a delay of approval of medical benefits for those patients not already covered.

The current rejects report shown below lists forms received from your facility that are incorrect or incomplete. The last column identifies the field(s) to be corrected.

Once you have secured the information needed , you may write it on the report below and return it to us or call us with the corrections. If a signature is needed, the original form is being returned to you and we ask that you obtain the appropriate signatures and return the original to us. If more than one form is listed on the Current Rejects Report, and you are having trouble securing the needed information for some and not the others, please send the information you do have along with a photocopy of this report. Retain a copy of the report for use in obtaining additional information. If field for attending physician's signature of attestation or the field for date physician signed the form are indicated, please verify that physician signatures are present. If any fields for lab values are listed, please check to see if the required dates are 45 days prior to the event as required by CMS. **PLEASE DO NOT SUBMIT NEW FORMS.**

PATIENT ID	PATIENT NAME	HIC	SSN	FORM TYPE	Original Return Date	EXPLANATION/FIELDS TO BE CORRECTED
1500459176	LOVETT, LYLE	196309635A	196-30-9635	2728	11/8/2006	18a, , 18b, , 18c, , Late
1500459139	VALDEZ, JUAN	585555549A	585-55-5549	2728	11/8/2006	18d
1500460869	TOWER, COIT		526-66-6629	2746	11/8/2006	7, , 12
1500459191	THURBER, JAMES		469-99-9916	2728	11/8/2006	16, , 40

## Intermountain End-Stage Renal Disease Network #15

### How to Read Your Compliance Report

The report is divided into three sections: **2728–MEDICAL EVIDENCE FORMS**, **2746–DEATH FORMS**, and **COMPLIANCE FOR THIS TIME PERIOD**. If your facility didn't submit any 2728s or 2746s, those sections will not be on your Compliance Report.

#### 2728–MEDICAL EVIDENCE FORMS

**To be received by the Network within 45 days of 1st chronic outpatient dialysis treatment.**

This section shows the 2728s **received by the Network** between the dates listed at the top of the report.

If the form had errors then,

1. The date that the Current Rejects (errors) Report was generated will appear in the “**Returned to Facility**” column.
2. The date that the missing information was received by the Network will appear in the “**Completed form Rec'd**” column.
3. The specific fields that contained errors/omissions will appear in the last column; and it will be noted if the form arrived late.

#### 2746–DEATH FORMS

**To be received by the Network within 30 days of patient death.**

This section shows the 2746s the Network received from your facility between the dates listed at the top of the report.

If the form had errors then,

1. The date that the Current Rejects (errors) Report was generated will appear in the “**Returned to Facility**” column.
2. The date that the missing information was received by the Network will appear in the “**Completed form Rec'd**” column.
3. The specific fields that contained errors/omissions will appear in the last column; and it will be noted if the form arrived late.

#### COMPLIANCE FOR THIS TIME PERIOD

This section allows you to look at your compliance rate and compare it to your state and the Network as a whole. The numbers for your facility will appear in bold, your state totals will be listed directly beneath your facility's numbers, and the Network totals will appear below the state total.

**Column 1** The form type (2728 or 2746).

**Column 2** The total number of forms received.

**Column 3** The percentage and number of forms received on time: Timeliness is calculated by dividing the number of late forms [more than 45 days after the patient started regular, chronic dialysis at that facility; or more than 30 days after the date of death] by the total number of forms received from a facility/provider.

**Column 4** The percentage and number of accurate forms: This statistic is calculated by dividing the number of forms that are in error (critical elements are missing or are inaccurate) by the total number of forms received from the facility/provider.

**Column 5** The combined compliance rate: The average of timeliness plus accuracy.

**Each facility is required to maintain an annual average rate of 90% for timeliness and accuracy.**

# SAMPLE

## CMS FORM COMPLIANCE REPORT TO FACILITIES

For Forms Received by Network Office from 01/01/2006 to 06/30/2006

<b>322599</b>	<b>322599</b>	<b>FCG – SOUTH ROSWELL DIALYSIS SERVICES</b>
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2728 - Medical Evidence Forms

Patient Name	SSN or HIC	Event Date	Received by Network	Returned to Facility	Completed form Rec'd	Error -- Field Numbers
ARMIN, HAMMER	551999999A	03/03/2006	03/27/2006	04/25/2006	05/03/2006	18b 18c 23
COLLINS, JOAN	257999999A	10/06/2005	04/01/2006			Late
DUDE, NOWAY	276999999T	04/26/2006	05/08/2006			
GARCIA, ANDY	525999999A	04/29/2006	05/19/2006			
MORENO, RITA	570999999A	10/29/2005	05/03/2006			
O' LANTERN, JACK	231999999A	03/23/2006	04/27/2006			
QUINN, ANTHONY	525999999A	01/25/2005	02/21/2006			
RUMSFELD, DONNIE	545999999	02/10/2006	02/21/2006	03/02/2006	03/29/2006	18d 25
VILLA, BOB	462999999A	03/08/2006	04/01/2006			
WEBB, CHARLOTTE	215999999A	04/21/2006	04/27/2006			

2746 - Death Forms

Patient Name	SSN or HIC	Event Date	Received by Network	Returned to Facility	Completed form Rec'd	Error -- Field Numbers
LUCERO, BENNY	525999999A	01/01/2006	01/13/2006			
MORENO, RITA	570999999A	01/08/2006	01/13/2006			
WEBB, CHARLOTTE	215999999A	05/08/2006	06/23/2006			Late

COMPLIANCE FOR THIS TIME PERIOD:

Type	Total Rec'd	% (#) On Time	% (#) Accurate	Combined Compliance Rate
2728	<b>10</b>	<b>90.0%(9)</b>	<b>80.0%(8)</b>	<b>85.0%</b>
State #	356	98.3% (350)	77.2% (275)	87.8%
Network #	2631	92.2% (2425)	81.4% (2142)	86.8%
2746	<b>3</b>	<b>66.7%(2)</b>	<b>100.0%(3)</b>	<b>83.3%</b>
State #	225	84.9% (191)	98.7% (222)	91.8%
Network #	1790	87.0% (1558)	98.7% (1766)	92.8%
<b>Provider Total</b>	<b>13</b>	<b>84.6% (11)</b>	<b>84.6% (11)</b>	<b>84.6%</b>
State Total	581	93.1% (541)	85.5% (497)	89.3%
Network Total	4421	90.1% (3983)	88.4% (3908)	89.2%

**ESRD Network #15  
Best Practices Ideas 2728 Accuracy**

<b>Improvement Goals:</b>				
<input type="checkbox"/>	90% or more of 2728 forms received at the Network #15 office within 45 days after the patient first starts chronic dialysis at my facility.			
<input type="checkbox"/>	90% or more of 2746 forms received at the Network #15 office within 30 days after the patient's date of death.			
<input checked="" type="checkbox"/>	90% or more of 2728 forms submitted without critical errors (elements are missing or inaccurate).			
<input type="checkbox"/>	90% or more of 2746 forms submitted without critical errors (elements are missing or inaccurate).			
<b>Problem You Identified</b>	<b>Action and Steps You Took</b>	<b>Resources You Needed</b>	<b>Person's) in Charge</b>	<b>How did you know the change was making a difference?</b>
Difficulty getting all the necessary info to complete the form.	<p>When I accept New patients I make sure I have our lab results from hospitals in advance.</p> <p>As soon as pt arrives I sit down and explain the form and why we need ALL the info. I interview on ethnicity, insurance, prior education, prior renal care etc.</p> <p>I check ALL boxes prior to sending it off!</p>	<p>Hospital Records</p> <p>Pt demographics</p> <p>Pre-Transplant education information</p>		
Not getting the information needed at the time the patient is admitted to complete the form, including MD portion and signature.	<p>Patient info: Ask pt or get from neph chart.</p> <p>Labs: Check neph chart and copy most current labs prior to pt starting dx. If pt was in the hosp, fax our cover sheet with pt name, DOB, and time-frame to medical records.</p> <p>Height: Leave note on daily board for charge RN to get height on (pt name). Highlight it.</p> <p>Neph portion and sig: If not filled out by MD under front clip in chart, take it to MD office with a note stating the areas to be filled in. Write a reminder on my desk calendar to check back with the MD office next week.</p>	<p>Pt or MD chart or Fax cover sheet; fax # for medical records; pts name and DOB.</p> <p>Object to measure height close to RN station.</p> <p>MD cooperation.</p> <p>Reminder in calendar as whereabouts of 2728.</p>		I could keep track of where I was for completion of each 2728. I would also check the charts of the new pts to make sure the 2728 was completed on time, if I had several new pts within a short span of time.

**ESRD Network #15**  
**Best Practices Ideas 2728 Accuracy**

Problem You Identified	Action and Steps You Took	Resources You Needed	Person's) in Charge	How did you know the change was making a difference?
Problems with accuracy and completeness of 2728 forms.	1) CM will review 2728 prior to sending for accuracy and completeness. 2) CM, SW, & Sec will attend TOPIC Call 3) Sec will initiate 2728 on first day of DX to try and get form sent by end of 2 weeks.	TOPIC call		Accuracy should improve.
I can't get the forms back from the nephrologists' office	I put the 2728 on the front of the Nephrologists rounding book with the areas they need to sign highlighted and flagged. I never let the form leave the unit now.	None	Nurse Manger	I would get my 2728 back same day or no more than 2 weeks.
Obtaining information needed to complete forms	1) Developed relationships with key players; engage them in assisting in getting info. 2) Follow thru until the job is done.	Office managers at MD office, hospital, labs, MD	Secretary	Improved compliance
#18 a, b, c, d	Double check these questions before sending in the form		Nurse manager	Got fewer Current Reject Reports
Didn't complete question 18a-c on 2728 form because I didn't see 0-6 months as a choice	1) If 0-6 months is indicated write the value in (per NW instructions) 2) Audit to make sure info is included on 2728 before sending to Network.	Make a note and place in my 2728 file until it becomes habit.	Social Worker	Internal Audit confirms all forms have info and number of Current Reject reports from the Network requesting this info will decrease.

## ESRD Network #15

### Best Practices (Forms Compliance) 2728 Timeliness

<b>Improvement Goals:</b>				
<b>X</b>	90% or more of 2728 forms received at the Network #15 office within 45 days after the patient first starts chronic dialysis at my facility.			
	90% or more of 2746 forms received at the Network #15 office within 30 days after the patient's date of death.			
	90% or more of 2728 forms submitted without critical errors (elements are missing or inaccurate).			
	90% or more of 2746 forms submitted without critical errors (elements are missing or inaccurate).			
<b>Problem You Identified</b>	<b>Action and Steps You Took</b>	<b>Resources You Needed</b>	<b>Person(s) in Charge</b>	<b>How did you know the change was making a difference?</b>
Poor Communications/Coordination w/ Nephrologists	Kept running list of due forms and faxed periodically to nurse practitioner to follow-up with Nephrologists.	List of due forms and when submitted.	Social Worker, Nurse Practitioner	Continuing to do this raised the timeliness of forms.
Sending forms in on time.	Noted on desk calendar when due at Network. Noted last day to complete in time to send to Network or fax. In regards to 2728 I would note when MD came to clinic and by which visit the 2728 would have to be complete.	Desk Calendar	SW	Our compliance rates improved.
Obtaining nephrologists' signature on 2728 form.	<ol style="list-style-type: none"> <li>1) Contact office manager @ nephrologists' office and explain importance of obtaining completed 2728 forms. Made agreement that SW will drop off 2728 @ MD's office and Office Mngr will assist in obtaining MD's sig. Once MD signs, Office manager agreed to call SW to notify that the form was ready to be picked up.</li> <li>2) Pick up form from MD office.</li> <li>3) Review form @ office in case MD forgot to complete a section.</li> <li>4) Mail completed form to Network.</li> </ol>	Communications with MD's Office Manager.	SW	<ol style="list-style-type: none"> <li>1) Open communication w/ MD staff.</li> <li>2) Obtain 2728 within 2 weeks because Office Manager is able to get MD to sign 2728.</li> <li>3) More consistent return of 2728 forms.</li> </ol>

ESRD Network #15

Best Practices (Forms Compliance) 2728 Timeliness

Problem You Identified	Action and Steps You Took	Resources You Needed	Person(s) in Charge	How did you know the change was making a difference?
Untimely completion of signature of MD office.	SW will be the one to complete all 2728 information based on info obtainable. MD then reviews the information included for accuracy.	Access to MD electronic medical records. Access to MD at least 2x month. Complete record from hospital. Access to hospital medical records. 2728 tracking sheet.	SW	When compliance improves.
I needed to make sure that Pt was done and sent in in time frame allowed (45-days).	I have a chart that reads across: Name - Date InCenter - Date give to MD - Green copy to NW - Blue Copy to SSA I track date each section was done.	Chart		Never have to second guess how much time I have left to submit form and what has been sent where.
Getting 2728 forms back from the neph on time.	Turn 2728 into Nurse Practitioner (NP). Call within the week and remind NP. She then gets it back from neph and turns it into me.	A middle man (NP) who sees the MD more often than me.	SW	Continuously remind the NP to get the form back. Helps her to remember.
Late 2728 forms	Sec who does admissions fills out form on admission and gets signatures	Sec in Nephrology office next door.	Secretary	If we meet the goals.