
2746 Form

A “Compliant” 2746 Form:

- **Must arrive at the Network office within 30 days of the patient’s death. (On Time.)**
- **And the form must be filled out in its entirety. (Complete.)**

Tips for Completing the 2746 Form:

1. If patient dies within 30 days of discontinuing dialysis, or within 30 days of entering a hospital or other long-term care facility, dialysis unit is STILL responsible for submitting a 2746.
2. We DO NOT need two copies of the 2746; faxing this form is acceptable.
3. A physician’s signature is NOT required on this form; but cause of death should come from a physician or other official medical source. Name of physician should be PRINTED in #17.
4. Putting “unknown” as a cause of death because the information is difficult to obtain is unacceptable.
5. **If you check “yes” to question #13 - patient discontinued dialysis - you MUST ALWAYS include the reason for stopping dialysis by checking ONE of the choices given.** It is understood that patient discontinued because they (or their family) wanted to stop dialysis. We are interesting in finding out **WHY** they wanted to stop dialysis.
6. The “date of last dialysis treatment” (question #13-f) refers to the last treatment at your dialysis facility. This date is required for ALL patients that discontinue dialysis.
7. If cause of death is “other” (98) you MUST write in the specific cause on the line provided next to #12 c (“If cause is other please specify” _____.)
8. You must ALWAYS answer #16, which asks if patient was receiving hospice care.
9. You may download extra copies of the 2746 Form from our Web site at: www.esrdnet15.org. Go to “For Network #15 Providers” and then to the “Data Collection” page for the 2746 link.

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
<p>Total Missing: 5</p> <p>New Patient without 2728: 3</p> <p>Death Event without corresponding 2746 Form: 1</p>					

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.

CMS FORM COMPLIANCE REPORT TO FACILITIES

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

322599	322599	FCG – SOUTH ROSWELL DIALYSIS SERVICES
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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	10	90.0%(9)	80.0%(8)	85.0%
State #	356	98.3% (350)	77.2% (275)	87.8%
Network #	2631	92.2% (2425)	81.4% (2142)	86.8%
2746	3	66.7%(2)	100.0%(3)	83.3%
State #	225	84.9% (191)	98.7% (222)	91.8%
Network #	1790	87.0% (1558)	98.7% (1766)	92.8%
Provider Total	13	84.6% (11)	84.6% (11)	84.6%
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 (Forms Compliance) 2746 Accuracy

Improvement Goals:				
<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 type="checkbox"/>	90% or more of 2728 forms submitted without critical errors (elements are missing or inaccurate).			
<input checked="" type="checkbox"/>	90% or more of 2746 forms submitted without critical errors (elements are missing or inaccurate).			
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?
Difficult to get hospitals, hospices, nursing homes and other long-term care facilities to give us information about patient's death.	Try to gather info from hospitals first by requesting records from them as soon as we find out about a patient death. We give the family some time to grieve and then try calling them to get info. We also get info from Nephrologists when possible.	Hospitals, family of patients, Social Workers, Nephrologist	secretary	stopped receiving notices from Network about incomplete forms.
Incomplete forms	Clinical manager, Charge Nurse, and Secretary all review forms before sending to Network.	Time for staff to review forms	clinical manager	stopped receiving notices from Network about incomplete forms.
Death date of patient unknown because patient stopped dialysis	Follow up with patient's family after dialysis stopped.	Time for staff to follow up with family	clinical manager	2746s were completed on time
Hospices don't inform us when patient dies.	Call hospice once a week to check on patient. Hospices weren't refusing to give us the info, they were just forgetting to call us after patient dies.	telephone	social worker	
Had trouble getting enough information about patient's death to complete 2746.	Let everyone who answers facility telephone know that they need to get as much information as possible when receiving phone calls about patient deaths.		Care specialist, charge nurses, social worker	We started getting enough info to complete the 2746s.

ESRD Network #15

Best Practices Ideas (Forms Compliance) 2746 Timeliness

Improvement Goals:				
<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 checked="" 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 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).			
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?
Unaware of patient's death when patient went off dialysis so 2746 forms were late.	Follow-up with patient family or hospice on a continual basis.	follow-up time	Clinical manager	2746s were completed on time.
Forms not completed on time because MD rounds only occur once a month, and sometimes forms were being missed.	Created a special folder marked "MD IMPORTANT". Have MD sign/fill out all forms first thing upon arrival at unit.	Folder to store forms in.	Clinical manager	No more reports received from Network saying forms were overdue.
Receiving info about a patient's death from hospices, hospitals, long-term care units etc. in a timely manner.	As soon as we know of a patient death, we immediately make phone calls to gather information from other entities.	Phone numbers of hospitals, patient family, etc.	Secretary	Stopped receiving reports from Network about missing/incomplete forms.
late 2746s	Ensuring enough staff were in unit daily to accomplish paper work. Also ensure that dialysis staff worked with Nephrology team to get necessary info.	Having social workers in unit, having access to Nephrology team	Social worker	met goals.
Cannot get death info from hospice/hospital. It is making my 2746 forms late.	<ol style="list-style-type: none"> 1. Get letter from Nephrologist when patient enters hospice/hospital asking them to release information. Then if/ when patient dies, date and send letter. 2. Send copy of medical release form previously signed by patient to hospital/hospice. 3. Attempt to contact different person from hospital/hospice who better understands that dialysis facility has right to this information. 	Need to make a form letter requesting release of info and get neph to sign. Need to spend time making phone calls to appropriate people.	Secretary	compliance rates improved