

Saved and Missing CMS-2728 Forms Could Affect ESRD Patients' Medicare Enrollment Benefits

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Since 2012, healthcare professionals at Medicare-certified dialysis facilities have used CROWNWeb to electronically submit CMS-2728 Medicare Entitlement and/or Patient Registration forms directly to the Centers for Medicare & Medicaid Services (CMS). While a vast majority of CMS-2728 forms continue to be submitted to CMS and the Social Security Administration (SSA) correctly, data reveal an increase in the number of incomplete forms between 2012 and 2016. This article discusses the reasons forms remain incomplete in CROWNWeb, identifies how users can work to complete forms within a timely manner, and provides an overview of CMS's 2017 CMS-2728 form submission goals.

INTRODUCTION

Dialysis healthcare professionals affiliated with Medicare-certified dialysis facilities may be familiar with CROWNWeb—the Centers for Medicare & Medicaid Services' (CMS) web-based data collection system, that is used by more than 6,000 Medicare-certified dialysis facilities and select transplantation centers throughout the United States and U.S. territories. CROWNWeb is used to report patient treatment information, clinical data, and forms, including the CMS-2728 ESRD Medicare Entitlement and/or Patient Registration form that is completed for all newly diagnosed ESRD patients (regardless of their Medicare status) in order to support patients' Medicare entitlement, and to add these patients to a national renal registry. Currently, thousands of CMS-2728 forms for patients applying for Medicare benefits have not been submitted to CMS. These forms have not been received by CMS because either a facility representative never started the submission process via the CROWNWeb system, causing the forms to be placed in "missing" status, or the forms were started and "saved," but never sent to CMS. CMS-2728 forms are removed from "saved" once they are accessed, reviewed, and submitted to CMS via CROWNWeb.

Each month, CMS works closely with its CROWN Data Discrepancy Support (CDDS) contractor to closely monitor the number of CMS-2728 forms that are "missing" or remain in "saved" status to help ensure that facility representatives are working to submit these forms. During their evaluation in May 2016, CMS and CDDS identified approximately 10,321 forms that were entered into CROWNWeb since the system's national release, but have remained in "saved" status. In the first year of CROWNWeb, 87 forms were started, saved, but never submitted to CMS. And as more people used CROWNWeb to submit data, additional forms were started, but never submitted to CMS. In 2016 alone, 6,953 forms were placed in "saved" status but never submitted. **Table 1** provides an overview of the "saved" CMS-2728 forms by year.

Table 1. Number of "Saved" CMS-2728 Forms by Year.

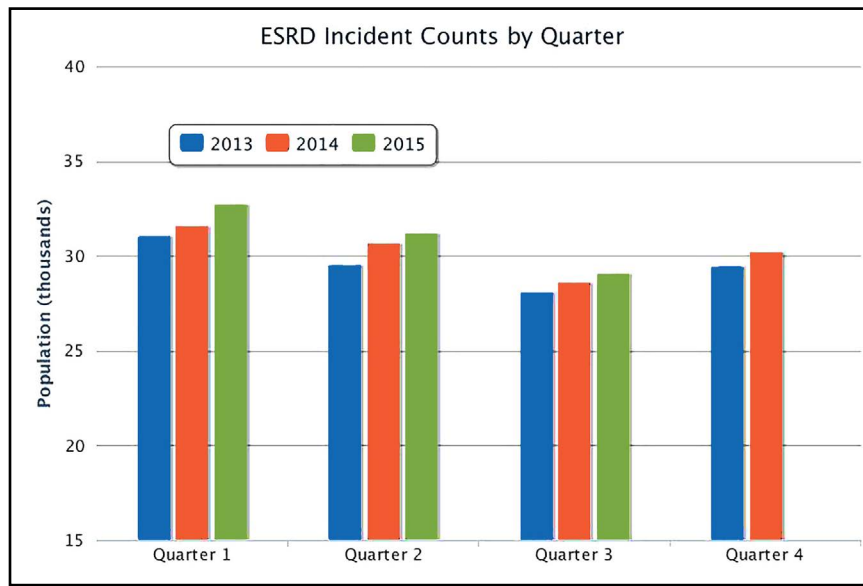
Year	Total
2012	87
2013	401
2014	916
2015	1,964
2016	6,953
Total	10,321

The CMS-2728 form, which is completed only for patients with chronic kidney disease (CKD), serves multiple purposes. Data from the form supports ESRD patient benefits. This information also presents a means by which CMS and ESRD research and data reporting groups, such as the United States Renal Data System (USRDS) and the End-Stage Renal Disease National Coordinating Center (ESRD NCC), can acquire data that are for reporting on the ESRD patient population.

There are currently three versions of the CMS-2728 form that are completed at various stages of a patient's treatment cycle.

- **Initial:** Completed for new ESRD patients for whom a regular course of dialysis has been prescribed by a physician because they have reached that stage of renal impairment that a kidney transplant or regular course of dialysis is necessary to maintain life (CMS, 2006).

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Figure 1. ESRD Incident Counts by Quarter

From United States Renal Data System. 2016 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2016.

The data reported here have been supplied by the United States Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. Government.

- **Supplemental:** Completed for patients who have received a transplant or have received training for self-care dialysis within the first three months of the first date of dialysis and an initial form was submitted (CMS, 2006).
- **Re-entitlement:** Completed for beneficiaries who have already been entitled to ESRD Medicare benefits; those whose benefits were terminated because their coverage stopped three years post-transplant, but are again applying for Medicare ESRD benefits because they returned to dialysis or received another kidney transplant; or beneficiaries who stopped dialysis for more than 12 months, had their Medicare ESRD benefits terminated, and are now returning to dialysis or kidney transplant recipients. These patients are reapplying for Medicare ESRD benefits (CMS, 2006).

According to the instructions found on page four of the CMS-2728 form, there are two specific items that are to be filled out by the patient and seven by the attending physician. However, an attending physician, head nurse, or social worker who is familiar with the patient's ESRD care may complete the other 46 items listed on the form (CMS, 2006).

Furthermore, while CMS does not mandate who at each facility is responsible for entering the CMS-2728 data into its CROWNWeb system; some facilities have designated that role to their social workers. It is vital that the designated staff at each clinic work together to support the submission of all necessary CMS-2728 forms to CMS and the Social Security Administration (SSA) to ensure that all ESRD beneficiaries have access to Medicare, if other conditions are met.

INCIDENT AND PREVALENT ESRD PATIENTS

According to the National Kidney Foundation, 30 million American adults have chronic kidney disease, and most do not know it (CDC, 2017; NKF, 2016). Furthermore, data obtained from USRDS indicates that as of the third quarter of 2015, there were 701,353 prevalent ESRD patients (USRDS, 2016). USRDS highlights that there was a total of 332,115 incident (new) ESRD patients from January 1, 2013, to the end of third quarter of 2015 — with 92,965 of those individuals being new ESRD patients in the first three quarters of 2015 (USRDS, 2016). On average, since 2013, there have been approximately 30,000 new ESRD patients each quarter. See **Figure 1** for an overview of the ESRD incident counts by quarter.

THE CMS-2728 FORM AND ESRD PATIENT BENEFITS

Since June 2012, authorized facility representatives (including social workers) have used the CROWNWeb system to fill out CMS-2728 forms. Field 11 on the form asks if the patient is applying for Medicare ESRD coverage. According to CMS's CDDS contractor, of the total CMS-2728 forms that were submitted via CROWNWeb in 2015, 210,850 forms indicated patients applying for Medicare ESRD coverage. Furthermore, CDDS indicated that of the CMS-2728 forms "saved" but not submitted from June 2012 to May 2016, 6,138 were for patients who were applying for Medicare ESRD coverage. See **Table 2** for an overview of the "saved" CMS-2728 forms for patients are applying for Medicare ESRD coverage.

An Initial CMS-2728 form is required for all newly diagnosed ESRD patients, regardless of their Medicare status

Table 2. Number of “Saved” CMS-2728 Forms for Patients Applying for Medicare ESRD Coverage

Year	Number of Patients with “Saved” CMS-2728 Forms Applying for Medicare ESRD Benefits
2012 (as of June 14, 2012)	52
2013	238
2014	534
2015	1,127
2016 (as of May 20, 2016)	4,187

or treatment modality (Quality Insights Renal Network 4, n.d.). Furthermore, in addition to being used to register patients into a national renal registry, the initial form provides medical evidence of an end-stage renal condition for Medicare entitlement. The CMS-2728 initial form is used to help initiate renal failure patients’ Medicare ESRD coverage via the SSA.

While the total number of submitted forms is substantially higher than the number of “saved” or “missing” forms, there are still a relatively large number of incomplete CMS-2728 forms in CMS’ CROWNWeb system that require immediate attention. Forms that are not submitted or even those incorrectly submitted could negatively affect patients’ Medicare ESRD coverage by delaying the enrollment date or, even worse, the patient may not receive coverage at all. Ensuring that all necessary CMS-2728 forms are completed and submitted to CMS and the SSA within their designated timeframes will reduce the number of patients who are waiting for their Medicare ESRD benefits to begin due to missing forms.

REASONS FORMS FALL INTO "SAVED" STATUS

When completing a CMS-2728, authorized users start the process by generating an electronic version of the form via CROWNWeb. As part of the data entry process, authorized users access the Form 2728 screen in CROWNWeb to enter patient-specific data, such as:

- Demographics
- Current medical coverage
- Primary cause of renal failure
- Comorbid conditions
- Laboratory values within 45 days prior to the most recent ESRD episode
- Treatment type
- Date that regular chronic dialysis began

During this process, users must save the CMS-2728 in CROWNWeb, and then print it so the form can be taken

to the attending physician and the patient for necessary signatures. This is the means by which the form can be reviewed by the patient’s attending physician and staff for accuracy prior to submission. Furthermore, a printed version of the CMS-2728 form is required for submission to SSA. CROWNWeb is used to submit data to CMS only. The SSA does not use CROWNWeb. Therefore, facility representatives must continue to follow the SSA’s submission methods to help ensure that the government agency receives documents. Once the forms are signed, users must return to the CROWNWeb system to complete the submission process by indicating the date that the physician and patient signed the form. Additionally, users must mail the original signed form to the SSA if the patient is applying for Medicare ESRD coverage, and keep a copy of the completed form with each patient’s records.

According to CDDS’ findings, of the forms that were in a “saved” status in CROWNWeb, as of May 20, 2016, 333 were missing the doctor and patient signatures only. Another 36 forms were missing due to validation errors pertaining to field 19b, which asks for the patient’s serum creatinine value; this lab result must have been obtained within 45 days prior to the first dialysis treatment or kidney transplant. In all, 748 forms remained in a “saved” status due to a combination of validation errors from field 19b and other missing elements. Furthermore, 200 CMS-2728 forms remained in a “saved” status in CROWNWeb without any missing values. These forms were completed, and even included the signature dates for both the attending physicians and patients. The only thing needed in this case is for an authorized representative to log into CROWNWeb and simply click the “submit” button. Of the 10,321 CMS-2728 forms that were in a “saved” status, approximately 2,700 were still within 45 days of when the patient began dialyzing at the unit. To ensure that all necessary forms are submitted in a timely manner, CMS recommends that the Initial CMS-2728 form be completed with 10 business days of when the patient begins to dialyze at the unit, but no later than 45 days. (See page 33 of the CROWNWeb Data Management Guidelines available via www.mycrownwebg.org for details.)

Table 3. CMS' 2728 Form Submission Goals to be Reached by March 2017

Goal	Baseline	Target Date
30% Fewer “Missing” CMS-2728 forms in CROWNWeb	January 31, 2016	March 31, 2017
50% Fewer “Saved” CMS-2728 forms in CROWNWeb	January 31, 2016	March 31, 2017

To identify incomplete forms, CROWNWeb presents users with the ability to generate a “Missing Forms Report,” as well as a chance to run a “Saved Status Report.” Both are accessible via the “Reports” screen in CROWNWeb.

CMS 2728 FORM SUBMISSION GOALS

CMS works to improve the quality of data available from CROWNWeb. CMS’s goal is to provide support to ESRD Networks and Medicare-certified dialysis facilities to reduce the number of “missing” and “saved” forms. To support these efforts, in January 2016 CMS established goals of reducing the number of “missing” CMS-2728 forms by 30%, and decreasing by 50% the number of CMS-2728 forms in a “saved” status by March 2017. Working with the kidney healthcare community, CMS reduced the number of “missing” forms from 32,400 in early 2016 to 20,104 at the end of March 2017—a 38% reduction. Additionally, after running its report in May 2016 to identify “saved” CMS-2728 forms, CMS saw a reduction from 10,321 forms in early 2016 to approximately 8,500 by the end of June 2016. This reduction continued, and 6,554 “saved” forms were reported at the end of March 2017. See **Table 3** for an overview of CMS’s 2728 form submission goals.

FOR MORE INFORMATION

For more information on CROWNWeb and the system’s features, visit the My CROWNWeb website at <http://mycrownweb.org/>, or visit the CMS CROWNWeb website at <https://www.qualitynet.org/> and click on the “ESRD” tab.



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