

*Southern California Renal Disease Council, Inc.
ESRD Network 18*

CMS Compliance: Timeliness and Accuracy

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**Website Reference
Los Angeles, California
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CMS Requirements

The following reports are required Network reports that are tracked for their timeliness and accuracy:

- Patient Activity Report
- CMS-2728 Form
- CMS-2746 Form
- Vascular Access Log
- Other Reports as assigned by the Network



Network Reports and Their Respective Timeframes

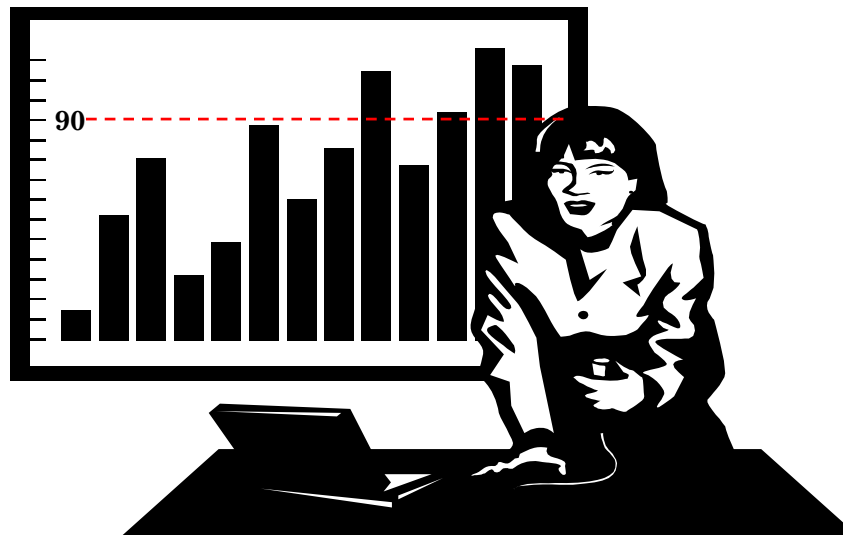
<i>Report</i>	<i>Due Date</i>	<i>Department</i>	<i>Reminder</i>
Patient Activity Report	5 th day of each month	Data	If your facility had no activity for a specific month, a PAR is STILL required. (<i>Please note “No Activity” and send to Network 18.</i>)
CMS-2728 Form	45 calendar days from the patient start date	Data	The due date is based on the date put into field No. 25 on the CMS-2728 form.
CMS-2746 Form	30 calendar days from the date of death	Data	The due date is based on the date put into field No. 8 on the CMS-2746 form.
Vascular Access Log	5 th day of each month	(QI) Quality Improvement	Vascular Access Logs are required for ALL facilities until advised otherwise. Excluding: Pediatric-only facilities, PD-only facilities, and Transplant Centers.



2728 / 2746 Forms Goal

The ESRD Networks are required by CMS to track and profile facility compliance rates for submitting timely and accurate CMS-2728 and CMS-2746 Forms.

*Each facility is required to maintain an overall compliance rate of **90%**.*



CMS-2728 /2746 Forms Compliance

- Forms Compliance is calculated for each CMS form type (CMS-2728 Medical Evidence Report and CMS-2746 Death Notification).
- The Facility is required to submit CMS ESRD forms *on time and complete*.
- Each form type receives two calculations:
 - **Timeliness & Accuracy**
- **Timeliness** is the submission of Forms within the required timeframe (*45 days for 2728; 30 days for 2746*).
- **Accuracy** is the submission of Forms with no missing/incomplete elements that prevent transmission to CMS.



Sample Accuracy & Compliance Report

CMS FORM COMPLIANCE REPORT TO FACILITIES

For Forms Received by Network Office from (MM/DD/YYYY to MM/DD/YYYY)

Provider #	Provider Name
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2728 - Medical Evidence Forms

Patient Name	SSN or HIC	Event Date	Received Network	Returned to Facility	Completed form Rec'd	Error -- Field Numbers
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2746 - Death Forms

Patient Name	SSN or HIC	Event Date	Received by Network	Returned to Facility	Completed form Rec'd	Error -- Field Numbers
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COMPLIANCE FOR THIS TIME PERIOD:

Type	Total Rec'd	% (#) On Time	% (#) Accurate	Combined Compliance Rate
2728				
State #				
Network #				
2746				
State #				
Network #				
Provider Total				
State Total				
Network Total				



What is a Corrective Action Plan (CAP)?

This is a tracking method that can help facilities identify the potential problem(s), steps and actions taken to solve the potential problem(s) and resources needed to resolve to problem(s).



What Causes a Facility to be Placed on a CAP?

An **Annual** Accuracy & Compliance rate of 80% and below will cause a facility to be placed on a CAP.

COMPLIANCE FOR THIS TIME PERIOD:				
Type	Total Rec'd	% (#) On Time	% (#) Accurate	Combined Compliance Rate
2728	31	48.4% (15)	100.0% (31)	74.2%
State #	5291	90.2% (4774)	100.0% (5289)	95.1%
Network #	5270	90.2% (4755)	100.0% (5268)	95.1%
2746	12	41.7% (5)	100.0% (12)	70.8%
State #	2879	85.7% (2466)	100.0% (2879)	92.8%
Network #	2879	85.7% (2466)	100.0% (2879)	92.8%
Provider Total	43	46.5% (20)	100.0% (43)	73.3%
State Total	8170	88.6% (7240)	100.0% (8168)	94.3%
Network Total	8149	88.6% (7221)	100.0% (8147)	94.3%



What actions are done by the Network if a facility is on a CAP?

Facilities placed on a CAP will be monitored closely and will be in frequent contact with the Network to ensure that the facility continue to prevent the original problem(s) identified.



What happens if progress is not evident and CAP is not being followed?

Consistent failure to meet compliance standard rate may result in reporting to Medical Review Board (MRB), and therefore be up for sanction if there is no proof of improvement.



Sample Compliance Action Plan (CAP)



Forms Compliance Action Plan

Facility: _____ Provider # _____ Date: _____

Contact Person: _____ Phone: _____

Identified Area(s) to Improve: Increase the compliance rates (both timeliness and accuracy) or 2728 and 2746 forms to 90% or greater

Improvement Goals:

- _____ 90 % or more of 2728 forms received at the Network 18 office within 45 days after the patient first starts chronic dialysis at my facility.
- X 90 % or more of 2746 forms received at the Network 18 office within 30 days after the patient’s death.
- X 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).

Problems Identified	Actions and Steps	Resources	Due Date	Person(s) in Charge	How will I know if the change is making a difference?
Cannot get death info from hospice/hospital. It is making my 2746 forms late.	Get letter from Nephrologist when patient enters hospice/hospital	Need to make a form letter requesting release of info and get Nephrologist to sign	9/1/2007	Terry	If I am able to get the required info from hospice
Missing question 9 on the 2728 form causing forms to be inaccurate.	1) Make sure to ask patient their Country/Area of Origin on the intake form. 2) Audit to make sure info is included on 2728 before sending to Network.	Change intake form to include question	9/15/2007	Tom	Internal Audit confirms all forms have info and number of current phone calls from the Network requesting this info will decrease.
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 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.	9/1/2007	Terry and Tom	Internal Audit confirms all forms have info and number of current phone calls from the Network requesting this info will decrease.



Helpful Hints

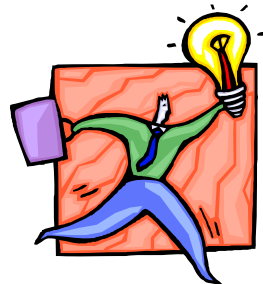
- Please double check **all forms** for fields left blank.
 - This may cause a form to be late.
- Send all forms right away when they are completed.
 - DO NOT wait until the last minute.
- **Do Not E-Mail** forms to the Network.
- Do Not send unrequested patient information with the forms.



Helpful Hints

- You can FAX all forms to the Network.
 - CMS-2728
 - CMS-2746
 - PARs
 - Fistula First
 - Other Network-requested reports

- Due to large masses of faxes that are received by the Network, we urge that you keep all **fax confirmations** to confirm your timely submission of forms.



Helpful Hints

Facilities with a low patient population should remember that making every effort to submit all forms in a timely manner is crucial.

Why? Your Accuracy & Compliance rate is based on the **# of late/incomplete** forms against the **total** number of forms submitted. Since forms submission would be relatively low, one late form can significantly impact your facility's Accuracy & Compliance rate.



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