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CMS REQUIREMENTS FOR ESRD FORMS COMPLIANCE

Medicare approved providers of renal services are required by law to complete various non-reimbursement forms that the Secretary of Health and Human Services determines are appropriate for the collection of data deemed necessary for inclusion in the End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS). The PMMIS which was mandated by PL 95-292, contains patient-specific medical information on all Medicare ESRD beneficiaries, provider patient population counts of all ESRD patients treated and followed by Medicare approved renal providers, certain provider cost report data and provider characteristics and certification data.

The network is required by the Center for Medicare and Medicaid Services (CMS) to track and profile compliance rates, by provider, for timeliness and accuracy of forms submitted. The network on a monthly basis must do this with notification to providers semiannually.

The Death Notification form (CMS-2746) must be in the network office no later than 30 days after the event; the Medical Evidence Report form (CMS-2728) must be in the network office no later than 45 days after the date of first dialysis (or data of acceptance by the ESRD facility).

EACH PROVIDER MUST MAINTAIN A QUARTERLY AVERAGE COMPLIANCE RATE OF 90% OR NO MORE THAN 3 FORMS IN ERROR FOR ACCURACY AND TIMELINESS.

CMS requires that the network observe the following procedure with providers that fail to meet the minimum compliance rate.

1. Notification of the provider, in writing, of compliance rates, with a statement of network goals and objectives in this area. Request that forms be forwarded to the network in 10 days.
2. Follow-up phone call to determine provider's plan for correction of non-compliance.
3. If forms are not received in 10 days, a certified letter will be sent to the provider requesting a corrective action plan in 10 days with the admonition that failure to comply will result in a sanction recommendation to CMS.
4. If forms or corrective action plan are not received in 10 days; a meeting will be scheduled to determine the reason for non-compliance.
5. If forms or corrective action plan are not received in 10 days after the meeting, another letter shall be sent requesting immediate compliance in 5 days, with failure to do so resulting in a sanction recommendation forwarded to CMS.
6. If forms are not received in 5 days, sanction recommendation is forwarded to the CMS Regional Office.
7. If the provider corrects its quarterly non-compliance but at a later quarter in the same year is again non-compliant, only 30 days will be allowed to comply before sending a sanction recommendation to CMS. If the provider is non-compliant a third time in the same year, the network will immediately send a sanction recommendation to CMS Regional Office.