

ESRD FACILITY SURVEY

(CMS-2744)

INSTRUCTIONS FOR COMPLETION

REPORTING RESPONSIBILITY

The ESRD Facility Survey is designed to capture only a limited amount of information concerning each federally approved renal facility's operation. It is not intended to yield information on the full range of ancillary services or activities, e.g., referrals, graft outcome, etc. These concerns are more appropriately and validly addressed by the network in supplemental requests or through other segments of the Program Management and Medical Information System.

Every facility/center approved by Medicare to provide services to ESRD patients must furnish the information requested in the ESRD Facility Survey (42 U.S.C. 426; 20 CFR 405, Section 2133). It is also the facility's/center's responsibility to provide patient and treatment counts to their local ESRD Network upon termination of operations. Facilities certified as only providing inpatient services are not requested to complete a survey.

For purposes of this document, the word "facility" will be used interchangeably when referring to renal dialysis facilities, renal dialysis centers, or renal transplant centers, as applicable.

Survey Period

The Facility Survey is completed annually. The survey period is January 1 through December 31. This Facility Survey is to be completed for the period January 1, 2011 through December 31, 2011. Unless specified otherwise, all data entered on the Facility Survey is to cover the entire survey period. The form should be completed and forwarded to your local ESRD Network.

KIDNEY TRANSPLANTS PERFORMED (FOR COMPLETION BY KIDNEY TRANSPLANT CENTERS ONLY)

NOTE: Every kidney transplant must be reported in this category, even if the transplant never functioned.

PATIENTS/TRANSPLANTS:

Field 42: Patients Who Received Transplant at This Facility. Enter the number of patients who received a kidney transplant at your facility during the survey period. If a patient received more than one transplant at your center during the survey period, the patient is to be counted only once. Total of fields 43 + 44 + 45 + 46.

Patient Eligibility Status of Patients Transplanted During Survey Period

NOTE: Fields 43 through 46 refer to those patients actually transplanted during the survey period. Ensure that the total of fields 43 through 46 equals the count in field 42. Fields 45 and 46 (Non-Medicare U.S. Residents and Other) makes reference to foreign nationals. A foreign national is any person who is not a U.S. citizen, and includes permanent resident aliens.

Field 43: Currently Enrolled in Medicare. Enter the number of patients transplanted during the survey period who were enrolled in Medicare. Count Medicare transplant recipients based on enrollment rather than primary insurer.

Field 44: Medicare Application Pending. Enter the number of patients transplanted during the survey period that had Medicare applications pending.

Field 45: Non-Medicare, U.S. Residents. Enter the number of patients transplanted during the survey period who were not enrolled in Medicare and did not have Medicare applications pending who were either U.S. citizens or a foreign national U.S. resident.

Field 46: Non-Medicare, Other. Enter the number of patients transplanted during the survey period who were not enrolled in Medicare, did not have Medicare applications pending, and were neither a U.S. citizen nor a U.S. resident (e.g., foreign national).

Transplants Performed at This Facility:

Field 47: Transplants Performed at This Facility-Living Related Donor. Enter the number of living related donor kidney transplants performed at your center during the survey period.

Field 48: Transplants Performed at This Facility-Living Unrelated Donor. Enter the number of living unrelated donor kidney transplants performed at your center during the survey period.

Field 49: Transplants Performed at This Facility-Deceased Donor. Enter the number of deceased donor kidney transplants performed at your center during the survey period.

Field 50: Transplants Performed at This Facility-Total Fields 47, 48 and 49. Enter the sum of fields 47 + 48 + 49.

Patients Awaiting Transplant:

Field 51: Patients Awaiting Transplant-Dialysis. Enter the number of current dialysis patients actively awaiting a kidney transplant at your center as of the last day of the survey period. These patients must (a) be medically able, (b) have given consent, and (c) be on an active transplant list. This count is limited to individuals awaiting transplant at the reporting center.

Field 52: Patients Awaiting Transplant-Non-Dialysis. Following the criteria described above, enter the number of non-dialysis patients who are awaiting transplant as of the last day of the survey period. This is to include patients scheduled for transplant who have not yet initiated a regular course of dialysis.

Signatures

Part Two of the Facility Survey requires signatures as follows:

Completed by: Enter the date completed and the name, title and telephone number of the person who completed the Facility Survey for your facility.

REMARKS/COMMENTS

You may include here any remarks or additional information you wish to supply concerning the information furnished on this survey.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0447. The time required to complete this information collection is estimated to average 7 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.