

#### SUPERIOR HEALTH Quality Alliance

#### **EQRS New User Training for Transplant Providers**

Hosted by: Alli Bailey, Data Manager at Midwest Kidney Network January 5 & 10, 2023

# Housekeeping



ALL LINES HAVE BEEN PLACED ON MUTE TO PREVENT BACKGROUND NOISE. QUESTIONS? PLEASE MANUALLY UNMUTE YOURSELF OR USE THE CHAT FEATURE TO ASK. THE RECORDED PRESENTATION & SLIDES WILL BE DISTRIBUTED FOLLOWING THE TRAINING.



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# **Objectives**

- Provide concise EQRS expectations for all Transplant staff, who will begin using EQRS in January 2023
- Provide foundational EQRS training for New Users at Transplant Units



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# Agenda

- Data Quality Measures & Expectations
- Access to HARP & EQRS
- EQRS Facility Dashboard
- Add Facility Personnel
- Admit a Patient
- View & Edit Patient Details
- CMS 2728 Forms
- Discharge a Patient
- CMS 2746 Forms
- Resolve a System Discharge

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EQRS Patient Reports

# Who is Midwest Kidney Network (ESRD Network 11)?

- Midwest Kidney Network (MKN) is one of 18 ESRD Networks.
- Every region in the United States is represented by an ESRD Network, as designated by CMS.
- All ESRD Networks are contracted under CMS regulations, like dialysis & transplant providers.
- Our Network is contracted to assist all providers with facilitylevel quality improvement projects, data reconciliation, and patient grievances.



#### **Midwest Kidney Network Data Team**



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## When should you contact the Network?

- Near Match or Duplicate Patient Errors
- Modifying a submitted CMS 2728 or 2746 Form
- Admission or Treatment record discrepancies
- General EQRS technical assistance or new staff training needs

#### Most calls with us take less than 5 minutes to resolve!



# **CMS EQRS Expectations**

All patients must be admitted in EQRS within 5 days of the patient's transplant.

All CMS 2728 Forms must be submitted in EQRS **no later than 45 days** following the patient's transplant.

All CMS 2746 Forms must be submitted in EQRS **no later than 14 days** following the patient's date of death.

All missing or saved CMS 2728 or 2746 Forms must be submitted in EQRS.



# HARP & EQRS Accounts

#### Need

All Transplant staff will need both CMS sponsored HARP & EQRS accounts.

- HARP Healthcare Quality Information System Access Roles & Profile
- EQRS End Stage Renal Disease Quality Reporting System

#### Register

#### **Register for HARP here**

• Secure Identify Proofing and Two-Factor Authentication is needed in order to gain HARP access.

For the Quick Start Guide, <u>click here</u>.

#### Access

#### Access EQRS and request role here

• In general, most transplant staff should select the *Transplant Editor* role in EQRS.



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# **EQRS Security Officials**

- Each Transplant Unit will need one EQRS Security Official, who will review & approve other EQRS Users.
- The Security Official (SO) should be the Transplant Unit Director or Manager.
- The SO will request EQRS access as seen on the previous slide but will instead select **Security Official** as their role.



# **EQRS User Account Maintenance**

- Users who do not log in to their EQRS account every 60 days will have their account automatically deactivated.
  - You will receive email notifications prior to being deactivated.
- Users will then need to follow the previous steps for requesting an EQRS role and re-request access.

Reminder: Contact the Network with any HARP or EQRS account questions.



# **EQRS Home Page**

EQRS	Dashboard	Facilities 🗸	Patients 🗸	Reports			Change organization 🗸
1	MANAGE ACCESS		Muoor				
	My applications		My acc	cess			
	My access		Click each applic	cation to view you	r approved roles and the orga	nizations you have	access to.
	Request access						
I	Pending requests		EQ	RS	QIP		
	Pending approvals		View	access	View access		
	Manage user list						
			View your appro	oved roles as a Sec	curity Official.		
1	PROFILE						
I	Profile information		Sec	urity			
			Off	icial			
			View	access			



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In order to see your patients in EQRS, you must allocate your access to your Transplant Unit:

1. Click on the Change organization Y

button on the EQRS homepage.

- 2. Select *EQRS* as the application.
- 3. Enter your Unit's name or CCN in the **Search Organization** field.
- 4. Once generated, click on your Unit's name to gain access.



# **Add Facility Personnel**

- All Transplant Unit staff, including nephrologists & surgeons, will need to be manually entered in EQRS as Personnel.
  - Nephrologists and surgeons do not need/should not have EQRS access for this to occur!
- It is critical all Unit staff have been entered in Personnel, so that you can select the correct staff when submitting CMS Forms in EQRS.

Tip: If entering a CMS Form and your name is not showing, you are not in Personnel at that Unit and must still be added.



# **Add Facility Personnel**

- 1. In EQRS, click on the Facilities button, from the top menu bar.
- 2. Click on *Personnel*, from the dropdown menu.
- 3. Select *New Personnel*, from the left column.
- 4. Click on Add Personnel.
- 5. Under *Personnel information*, add your First Name, Last Name, and NPI (if applicable).
- 6. Under *Positions*, select the applicable Job Description and click *Add Positions*.
- 7. Click *Review*.
- 8. Lastly, scroll to the bottom and click Submit.



# **EQRS Facility Dashboard**

Keep your EQRS Dashboard up to date; don't let forms become past due.

For any Accretions or System Discharges, you may always call the Network for assistance.

Form 2728		
New	Due	Past due
0	1	2
Form 2746		
Due		Past due
1		0
Accretions		
Unresolved		
0		
System Disc	harges	
2022		2021
0		0

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# **Admit a Patient**

Click on *Patients*.
 Then click on *Admit a Patient*.

EQRS	Dashboard Facilities 🗸	Patients 🗸	Reports
Searc	h Patients	Search Patie	nts
		Admit a Pati	ent
Use the crite	eria below to search for a patient.	Manage Clin	ical
SEARCH		Clinical Depr	ression
		SSA Termina	tions
Patient cr	iteria	Action List	
Patient's F	irst Name	Patient's La	st Name



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3. Enter all required (\*) fields.

Tip: You only need to enter either the SSN or MBI. If you have both identifiers, you may enter both.

dmit Pat	ient			🕑 Helj
omplete the sectio	ns below to admit a patient	in EQRS.		
Detiont Inform	nation			Expand All
Patient Inform			Middle initial	
Patient's first	name		Middle Initial	
Patient's last	name *		Suffix	
				~
Date of birth *	Davi	Ver	Gender *	
Month	Day	Year		*
NA M				
MM				
Social Securit	y Number *			
Social Securit	y Number *		N/A	
Social Securit	y Number *		N/A	
MM Social Securit	y Number * ∍ficiary Identifier *		□ N/A	



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4. Enter your Unit's name or CCN. 5. Enter the Admit Date. 6. Select the correct Admit Reason (see next slide).

Admissio	on Informa	tion	
Admit Fa	cility *		
Find Facilit	y by facility I	), facility name, facility DBA, facility CCN, facility NPI, p	phone number, fax number
			Q
Admit Da	Day 01	Year 2022	
Admit Re	eason *	~	



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- There are two admission reasons for Transplant Units:
  - New ESRD
  - Transplant
- You should select *New ESRD*, when the patient has **never** received dialysis or a transplant previously.
- You should select *Transplant*, when the patient has previously received dialysis or a transplant.
- If you select the wrong reason, the Network can correct this.



6. Next, you will enter
Ethnicity, Contact Info,
Misc. Info, and
Transplant Treatment
Info (see next slides).

Ethnicity, race, tribe and origin	~
Contact Information	~
Miscellaneous Information	~
Medical Information	~
Admission Information	~
Admit Facility *	
Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI,	phone number, fax number
UNIV OF WI TRANSPLANT	Q
Admit Date *	
Month Day Year	
12 01 2022	
Admit Reason *	
New ESRD Patient 👻	
Transplant Treatment Information	~
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7. Select the method of the patient's reporting. 8. Enter Ethnicity. 9. Select all applicable Race identifiers. 10. Provide Tribe or Country of Origin, if prompted.

Ethnicity, race, tribe and origin	^
Patient's Self Reporting Of Race and Ethnicity	
~	
Ethnicity	
~	
Race (check all that apply)	
White	
_	
Asian	
Diask as African American	
Black of Alfreah American	
Native Hawaiian or Other Pacific Islander	
American Indian/Alaska Native	
Other	
Tribe and Origin	
·····	
Name of Enrolled/Principal Tribe	Country/Area Of Origin
×	×

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11. Enter all Contact
Information; including
Mailing Address &
Physical Address,
nursing home status,
and phone number.

] Do not contact		
Mailing address		
Address Line 1	Address Line	2
Zip Code	Zip ext. (opti	ional)
City	State *	County
,	~	<b>~</b>
Physical address same as mailing addre	SS	
Physical address		
Address Line 1	Address Line	2
Zip Code	Zip ext. (opti	ional)

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12. Enter Medicare status,Citizenship status, andEmployment status, andeffective dates.

\*You may disregard School and Vocational Rehab. fields for transplant patients.

Iscellaneous Information									
Current status	Effective	Effective date							
Medicare enrollment	Month	Day	Year						
	✓ MM	DD	YYYY						
Citizenship									
	✓ Month	DD	YYYY						
Employment	Month	Day	Year						
	✓ MM	DD	YYYY						
School	Month	Day	Year						
	✓ MM	DD	YYYY						
Vocational Rehabilitation	Month	Day	Year						
	✓ MM	DD	YYYY						

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13. Enter transplant information; transplant date, type of treatment (donor), transplant status, practitioner, preparation hospital, and admit date. 14. Lastly, click *Submit*.

Transplant	Treatment Inforn	nation			^
Treatment S	Start Date *				
Month	Day	Year			
12	01	2022			
Primary Typ	pe of Treatment *		Transplant Status		
		~		~	
Attending P	ractitioner		Attending Practitioner UPIN	Atten	ding Practitioner NPI
		~			
Find Facility by	y facility ID, facility na	ame, facility DBA, facilit	y CCN, facility NPI, phone number, f	fax number <b>Q</b>	
Date Patien	t Admitted for Trans	plant			
Month	Day	Year			
MM	DD	YYYY			
					Submit
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Click on *Patients*.
 Click on *Search Patients*.





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3. Enter no more thantwo patient identifiers.4. Click *Submit*.

Search Patients		
Use the criteria below to search for a patient.		🕑 Help
SEARCH		
Patient criteria		Criteria Clear all
Patient's First Name	Patient's Last Name	No criteria selected
		Submit
Medicare Beneficiary Identifier	Social Security Number	Submit
HICNUM	EQRS Patient ID (aka CROWN UPI)	
SIMSTID	Condor	
	· · · · ·	
Date of Birth Range	Date of Death Range	
Start	Start	
Month Day Year	Month Day Year	
MM DD YYYY	MM DD YYYY	



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# 5. Click on the *EQRS Patient ID* (UPI #), to open the patient's record.

Search Patient Results																	
Back to Search																	
EQRS Patient ID (aka CROWN UPI)	¢	First Name	¢	Middle Initial	¢	Last Name	¢	Gender 🖨	•	Date of Birth	¢	Date of Death	¢	Social Security Number	ніслим 🗢	Medicare B	eneficiary Identifier
<u>2105097593</u>																	



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6. Click *Edit* to modify Patient Demographics.

/iew Patient Demographics			
		Sec. Edit	😮 Help
			Collapse All
Patient Information			^
Patient's first name:	Middle initial: Suffix:		
Patient's last name:	Gender:		
Date of birth:			
Social Security Number:			
Medicare Beneficiary Identifier:			
Medicare Claim Number:			
Ethnicity, race, tribe and origin			^
Patient's Self Reporting Of Race and Ethnicity:			
Self Reported by Patient			
Not Hispanic or Latino			

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# 7. To view previous dialysis or transplant events, click on *Admissions*. Then click on the *Admit Date* to see details.

MANAGE PATIENT	View Pa	tient Adn	nissions					 0	Help
Patient	Admit Date	Admit Reason	Discharge Date	Discharge Reason	Facility Name	<b>^</b>	Facility CCN	Facility NPI	
Patient History	11/01/2022	Transfer In	• Discharge Date	• Discharge Reason	 FRESENIUS MEDICAL CARE OSHKOSH		522545	1770040859	
Admissions	09/07/2022	Restart	10/28/2022	Transfer	Fresenius Kidney Care Oconto Falls		522625	1033873989	
Treatments	05/06/2022	New ESRD Patient	08/19/2022	Other	Fresenius Kidney Care Oconto Falls		522625	1033873989	



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#### 8. To view previous CMS 2728 Forms, click on *Form 2728*.





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# What is a CMS 2728 Form?

- It is the CMS ESRD Medical Evidence Report: Medicare Entitlement and/or Patient Registration Form.
- It is required for all ESRD patients, regardless of their treatment type (transplant or dialysis) or setting.
- It is required for all ESRD patients, regardless of their choice to enroll in Medicare.



# **CMS 2728 Form Types**

#### **Initial 2728 Forms**

• Required for all new ESRD patients within 45 days of their first treatment or transplant.

#### **Supplemental 2728 Forms**

- Required when an initial 2728 has previously been submitted, and;
- A patient transitions to home dialysis within the first 3 months of initial dialysis, or:
- A patient has a transplant within the first 3 months of dialysis.

#### **Re-entitlement 2728 Forms**

- Required when a patient resumes dialysis treatment after Medicare benefits have been terminated, and:
- A patient restarts dialysis after 1 year or more after having recovered function or discontinued dialysis, or;
- A patient restarts dialysis after 3 years or more following a transplant, or;
- A patient has another transplant, 3 years or more following a previous transplant, with no dialysis in between.



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# Who completes the CMS 2728 Form?

- Whomever is providing the **first outpatient ESRD dialysis treatment or the first transplant**, is the facility/unit to complete the 2728.
- If a patient's transplant failed or the patient passes away, it is still the first facility/unit's responsibility.
- What happens if a 2728 is not complete and submitted in EQRS?
- The patient likely will not receive any Medicare benefits, if applying.
  - It is critical to submit the CMS 2728 Form within 45 days for timely Medicare benefits processing.



# Blue Ink & the CMS 2728 Form

- Blue ink signatures are still required by (most) Social Security Administration (SSA) Offices.
- The blue ink denotes it is an original 2728.
- If your patient is applying for Medicare benefits, the Social Security Administration must have a signed (blue ink) 2728 on file.
- It is the Transplant Unit's responsibility to submit their completed CMS 2728 Forms to SSA, as applicable.
- SSA Offices **do not** have EQRS access.



# What if a mistake was made on a submitted CMS 2728 Form?

- You should contact the Network as soon as possible.
- We can make any change to the 2728, within 5 business days of submission.
- After 5 business days, we have strict guidelines on what 2728 fields can or cannot be changed on a submitted 2728.



# **CMS 2728 Form Completion**

- Access the blank CMS 2728 PDF form & instructions here.
- Use the PDF as a draft, then transcribe to EQRS.
- All applicable sections & fields must be complete for transplant patients:
  - Section A demographics, insurance, co-morbids, and labs
  - Section C transplant information
  - Section E physician identification, signature, date, and remarks
  - Section F patient signature and date



# Submit a CMS 2728 Form

 Search for the patient in EQRS.
 Click on Form 2728 (on the left).
 Click on Add Initial 2728.

Manage Fo	rm	2728							🛿 Hel	p
Eligible 2728 Forms	¢	Admit Date	¢	Admit Facility	¢	Due Date	¢	Add 2728	¢	
Initial Transplant		05/21/2013		UNIV OF WI TRANSPLANT		07/05/2013		Add Initial 2728		



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#### Submit a CMS 2728 Form, cont.

4. This will open the CMS 2728 Form. 5. Enter all fields. 6. Click Save if still incomplete. 7. Click **Submit** to finalize the form in EQRS.

H	ad an ESRD Medical Evidence (2728)	
		🕑 Help
	OMB CONTROL NUMBER 0938-0046 Expires 20	22-11-30
	Expand All	
	A. COMPLETE FOR ALL ESRD PATIENTS -	~
	B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT	~
	C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS	~
	D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)	~
	E. PHYSICIAN IDENTIFICATION	~
	F. OBTAIN SIGNATURE FROM PATIENT	~

# **Discharge a Patient**

1. Search for the Patient in EQRS. 2. Click on Admissions. 3. Click on the admit date. 4. Click Edit.

<u>/21/2022</u> New ESRD Pati	ent	UNIV OF WI TRANSF	<u>PLANT</u> 529802	1922043744
	Page Size		<b>•</b>	Prev 1 Next
owing 1 to 1 of 1 results	10 ~			
iew Admission	Information (11/21/2	2022)		
iew Admission		2022)		
		<b>∂</b> Edit	🛍 Delete	😮 Hel
Admission inform	ation			^
Admission inform Admit date:	ation Admit reason:	Submit date:		^
Admission inform Admit date: 11/21/2022	ation Admit reason: New ESRD Patient	<b>Submit date:</b> 12/08/2022		^
Admission inform Admit date: 11/21/2022 Facility CCN:	ation Admit reason: New ESRD Patient Facility NPI:	Submit date: 12/08/2022 Facility name:		^
Admission informa Admit date: 11/21/2022 Facility CCN: 529802	ation Admit reason: New ESRD Patient Facility NPI: 1922043744	Submit date: 12/08/2022 Facility name: UNIV OF WI		^
Admission inform Admit date: 11/21/2022 Facility CCN: 529802 Discharge date:	ation Admit reason: New ESRD Patient Facility NPI: 1922043744 Discharge reason:	Submit date: 12/08/2022 Facility name: UNIV OF WI TRANSPLANT		^
Admission inform Admit date: 11/21/2022 Facility CCN: 529802 Discharge date: N/A	ation Admit reason: New ESRD Patient Facility NPI: 1922043744 Discharge reason: N/A	Submit date: 12/08/2022 Facility name: UNIV OF WI TRANSPLANT Transfer discharge		^
Admission informa Admit date: 11/21/2022 Facility CCN: 529802 Discharge date: N/A	ation Admit reason: New ESRD Patient Facility NPI: 1922043744 Discharge reason: N/A	Submit date: 12/08/2022 Facility name: UNIV OF WI TRANSPLANT Transfer discharge subcategory:		^



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# **Discharge a Patient, cont.**

Admission Information

5. Complete the
Discharge Date
& Discharge
Reason.
6. Click on Submit.

Admit Facility \* Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number Q UNIV OF WI TRANSPLANT Admit Date \* **Discharge Date** Month Day Year Month Day Year 21 DD YYYY 11 2022 MM Admit Reason \* **Discharge Reason** New ESRD Patient  $\sim$  $\sim$ **Transfer Discharge** Subcategory Submit Cancel Midwest SUPERIOR HEALTH Kidney Network **Quality Alliance** 

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# **Discharge a Patient, cont.**

7. Next, click on Treatments. 8. Click on the Admit Date (for your facility). 9. Click on the **Treatment Start** Date.





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# **Discharge a Patient, cont.**

9. Click on Edit.
10. Change the
Transplant Status
To Non-Functioning
11. Click on Submit.

Edit Treat	ment Info	rmation (11/2	1/2022)	😯 Help
Transplar	nt Treatment	Information		^
Treatmer	nt Start Date *			
Month	Day	Year		
11	21	2022		
Primary	Type of Treatme	ent *	Transplant Status	
Deceased		~	Non-Functioning	~



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# Submit a Date and Cause of Death

For patient deaths, you must also submit the date and reason of death under the Patient tab in EQRS. 1. Click on **Patient**. 2. Click **Edit**.

Scroll down to
 Medical Information.

Medical I	nformation		
Effective	e date *		
Month	Day	Year	
12	12	2022	
Death da	ate		
Month	Day	Year	
MM	DD	YYYY	
Death co	de description		
Death co	de		~

## Submit a Date and Cause of Death, cont.

4. Enter the **Effective** Date (same as date of death). 5. Enter the **Death** Date. 6. Enter the **Death** Code or select the description.

Medical I Effective	nformation date *		
Month	Day 20	Year 2022	
Death da	te		
Month	Day	Year	
12	20	2022	
Death co COVID19	de description		~
Death co	de		
105			
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# Submit a CMS 2746 Form

After you entered the cause
 date of death, the CMS 2746
 Form will populate under
 Manage Patient.
 Click on Form 2746.

MANAGE PATIENT	_
Patient	
Patient History	
Admissions	
Treatments	
Vaccinations	
Form 2728	
Form 2746	
Coverage	

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## Submit a CMS 2746 Form, cont.

3. This will open the CMS 2746 Form. 4. Enter all fields. 5. Click Save if still incomplete. 6. Click **Submit** to finalize the form in EQRS.

	OMB CONTROL NUMBER 0938-0448 Expires 11/30/20
	Collapse All
Key Patient Info	~
Cause of Death	~
Renal Replacement Therapy	~
Transplant and Hospice	~
Physician	~
Form Information	*

Add a Death Notice (2746)



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# **Resolve a System Discharge**

If you see a System Discharge on your EQRS Dashboard:

- 1. Click on the **System Discharges** box. This will bring up all patients needing attention.
- 2. Click on the EQRS ID/UPI you want to fix.
- 3. Click on Admissions.
- 4. Click on the Admit Date for your facility.
- 5. Click Edit.
- 6. Ensure the **Discharge Date** is correct and change the **Discharge Reason** to the correct reason.



# **EQRS Roster & Missing Patients**

- If a patient is missing from your EQRS Roster Report, that means they are not currently admitted to your facility.
- If you try to search for your patient in EQRS and still cannot find them; then it is time to call the Network for assistance.



# **EQRS** Patient Reports

Click on Reports
 Click on Patient
 Roster or Patient
 Events Report.

rd Facilities ✔ Patients ✔ Reports	Change organizat
Welcome to EQRS Reports	🕜 Help
Patient Events Report This report identifies all patient events in EQRS.	
<u>Patient Roster Report</u>	
The Patient Roster Report allows users to run and print a report which includes all patients within the user scope as of a specific date.	present at the selected facility(ies)



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# **EQRS** Patient Reports, cont.

3. Enter all fieldsto generate.4. Click on GenerateReport.

			idwest	SUPERIOR HEALT
Cancel				Generate Report
Excel	<b>*</b>			
Export As:				
pecify the order for you	ur report in the Sort Order list	t		
) Treatment Type				
Treatment Setting				
🔵 Admit Date				
◯ EQRS Patient ID				
Patient Name				
Sort Order				
			Q Select all facilities	
earch Facility Name, F	Facility CCN or Dialysis Organi	ization		
			~	
letwork Selection				
MM	DD	YYYY		
onth	Day	Year		

# **EQRS** Patient Reports, cont.

# 5. Click on My

Reports. 6. Click on Update Results, if needed. 7. Click on the Report Name to open an Excel file.

My Reports						
Below is a list of queued reports available for download in the type/size column. Please select a report to download. Please click on the Update Results Update Results button to refresh the table results.						
Select	Report Name 🗘	Request Date 🗢	Generation Date 🗧 🖨	Expiration Date 🔶	Type/Size	Report Status 🗢
	PATIENT ROSTER REPORT	12/29/2022	12/29/2022	01/12/2023	XLSX,13944.711 KB	COMPLETE
	PATIENT ROSTER REPORT	12/22/2022	12/22/2022	01/05/2023	<u>XLSX,15.034 KB</u>	COMPLETE



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# **Connect with Midwest Kidney Network**

Get the latest EQRS news:

- Make sure you are in our Network Directory connect with Alli.
- Join our future webinars (sent via email).

Check out our additional EQRS Resources: https://www.midwestkidneynetwork.org/providers/eqrs

Follow us on Facebook:

https://www.facebook.com/midwestkidneynetwork



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## **Data Team Contact Information**

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Please do not include patient identifiers in your email to Midwest Kidney Network!



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We want to hear from you: click <u>here</u> to take the survey.

Thank you for your attendance and participation today!



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