



ESRD Networks 7, 13, 15, 17, 18

To: Chrys Williams

Fax: 813-354-1514

Date: \_\_\_\_\_

Subject: Request to Edit a Submitted 2728/2746 Form

**Requested By:**

Facility Name: \_\_\_\_\_

CCN: \_\_\_\_\_

Requestor First/Last Name and Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Requested Information:**

EQRS Patient ID: \_\_\_\_\_

Form Type: Initial 2728 | Re-entitlement 2728 | Supplemental 2728 | 2746

Field to be changed (field number and name): \_\_\_\_\_

Old Value: \_\_\_\_\_

New value: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

**Change Limitations and Requirements:**

- Edit requests must be made within 2 months from the form’s submission date in End Stage Renal Disease Quality Reporting Systems (EQRS), unless it impacts patient coverage.
- Only the facility that originally submitted the form may request a change to that form.
- If the change also needs to be made to the patient’s demographics screen and/or the admit treatment information, you must complete the change prior to submitting the edit request.
- Any changes made to already submitted forms will change the submission date in EQRS which may negatively impact your forms compliance.
- Networks are limited to what we can change. We are unable to delete submitted forms or make changes to physician names or signature dates. These requests must be made to the Quality Net Helpdesk at 866.288.8912 or by email at [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov).
- **Do not email this form to the Network, as it could contain protected health information (PHI)/ personally identifiable information (PII) (patient names, birth dates, etc.). All violations will be reported to the Centers for Medicare & Medicaid Services (CMS). SEND BY FAX ONLY!**