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Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Submitted via reginfo.gov

RE: [OMB 0938-0447] Information Collection Request: End Stage Renal Disease Annual Facility Survey Form CMS-2744

DaVita appreciates the opportunity to comment on changes to the CMS-2744 form. We believe providers and organizations will positively benefit from clearer response options and improved instructions on filling out the form. As CMS notes, the CMS-2744 collects data on all patients, dialyzing, vocational rehabilitation, and staffing, and the accuracy of the Facility Survey depends on complete reporting by each facility. Therefore, any changes to the form have a significant impact on accuracy and completeness. Any changes to the CMS-2744 must be appropriate, clear, and operable so that the data collection captures data accurately.

CMS has revised the CMS-2744 form by modifying (a) collection of days the dialysis facility is open; (b) shifts when dialysis is provided; (c) adding “failed” to “return after transplant” for clarity; (d) removing questions related to vocational rehabilitation; and (e) aligning instructions with revisions. While we appreciate the updates to this important form, we have several clarifying questions and suggestions. Please find our feedback in the subsequent sections of this letter.

Shifts per day

CMS plans to modify the CMS-2744 form by requiring a “shifts per day” metric to be reported. Given that this data is already collected in the End-Stage Renal Disease Quality Reporting System (EQRS), requiring it on the CMS-2744 would be duplicative reporting. If required, shifts per day would have to be manually entered by all clinics individually,

which is incredibly burdensome and will lead to potential mismatches in the data reported. Because this data is already reported in EQRS, **we recommend CMS withdraw the addition of shifts per day on the CMS-2744.**

Patient Ratio

CMS plans to modify the CMS-2744 form by requiring a “patient ratio” metric to be entered. We believe the patient ratio could be calculated without any additional data collection. The current CMS-2744 form already collects the count of patients and the count of staff (both employed and open positions). Therefore, a patient ratio could be calculated for both current employees and if all positions were filled.

Further, if CMS keeps this requirement, the instructions are not clear in multiple ways:

- a. The instructions say to “Enter the Staff to Patient Ratio”, but then the next sentence says to “Enter the Number of Patients”. There should only be one direction given, so all entities enter the same data.
- b. It is not clear if this is based on the Staff/Patients that are in the facility on Dec. 31 or those employed/on schedule for that day. Because the instructions state “as of Dec. 31”, it could be misleading if the clinic has fewer patients or staff than normal, given that this date is during peak holiday season and may even be closed on that day. Without further clarification from CMS, these instructions will lead to individual interpretation by different facilities and organizations.

We recommend that CMS calculate this ratio based on information already provided on the form and not impose additional administrative burden on dialysis facilities.

Form Instructions

We have concerns with the form instructions broadly. The instructions are still written from the days of manually completing a paper form, which has not been an approach for more than 10 years. **CMS should update the instructions to make it clear that the fields already calculated by EQRS do not need additional data entry.** Facilities should not be instructed to “enter” data that they are not able to because these fields are taken care of automatically through EQRS. This double reporting requirement unnecessarily increases administrative burden.

Further, we suggest CMS add a note in the instructions that clarifies if any of the calculated values are inaccurate, the data within EQRS (admissions, discharges, treatment summaries, etc.) will need to be adjusted, and the CMS-2744 regenerated to update the numbers for all of the calculated fields.

As always, DaVita is grateful for CMS' commitment to soliciting feedback through the public process. If you have questions regarding these comments, please contact Kayla L. Amodeo, PhD, Director of Government Affairs, at kayla.amodeo@davita.com or via phone at 202-210-1797.

Sincerely,

A handwritten signature in black ink, appearing to read 'MK', with a long horizontal flourish extending to the right.

Mahesh Krishnan MD MPH MBA FASN (He/Him)
Group Vice President
Research and Development
DaVita Inc.