

**Revisions to Form CMS-2746-U2; OMB 0938-0448; ESRD DEATH NOTIFICATION  
END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM**

Issue #	Section	Change	Reason for Change	Burden Affect
1	#4	Deleted “Medicare Claim Number”. Changed to “Medicare Beneficiary Identifier or Social Security Number”	Agency has discontinued the use of the Social Security number-based Medicare ID	N/A
2	#6	Added “Unknown” as an option for place of death	Place of death maybe unknown to providers at time of completion of form	N/A
2	PRA Disclosure Statement	Added “*****CMS Disclosure***** Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the ESRD Network in your region.	Required verbiage for PRA Disclosure Statement	N/A
3	#4	Edited “Enter the patient’s Medicare Beneficiary Identifier as it appears on his/her Medicare Card. If the patient has not been assigned a Medicare Beneficiary Identifier, enter the Social Security Number as it appears his/her Social Security Card. Only enter the Social Security Number if the patient does not have a Medicare Beneficiary Identifier.	The SSN is important to use as an identifier for those patients that do not have a Medicare Beneficiary Identifier. Not all patients will have Medicare.	N/A

Issue	Section	Change	Reason	Burden
4	Distribution of Copies	<p>Changed “Mail the original (GREEN) copy to the ESRD network. Retain the facility (WHITE) copy at your facility to “If you are unable to complete this form in the approved CMS electronic system, forward a hard copy to the ESRD Network in your region.</p> <p>Added “The form CMS-2746 can be downloaded from CMS.gov”</p>	Earlier instructions referred to the triplicate copy. Form is no longer a triplicate	N/A