

Revisions to Form CMS-2744A; OMB 0938-0447; END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM ESRD FACILITY SURVEY (DIALYSIS UNITS ONLY)

| Issue # | Section | Change | Reason for Change | Burden Affect |
|----------------|---|---|---|----------------------|
| 1 | Vocational Rehab | Deleted "Patients Aged 18 through 54". Changed to "Patients Aged 18 through 64" | Age for Vocational Rehab changed to align with the Social Security retirement age | N/A |
| 2 | Vocational Rehab | Added "Patients aged 65 and older" | Age for Vocational Rehab changed to align with the Social Security retirement age | N/A |
| 3 | Facility Local/National Affiliation/Chain | Deleted "Gambro". Changed to "Satellite Healthcare". | Gambro no longer operates across the U.S. | N/A |

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| 3 | PRA Disclosure Statement | <p>Added “****CMS Disclosure**** 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 (Expires XX/XX/XXXX). The time required to complete this information collection is estimated to average 4 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. 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.</p> | Required verbiage for PRA Disclosure Statement | N/A |
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