

*Southern California Renal Disease Council, Inc.
ESRD Network 18*

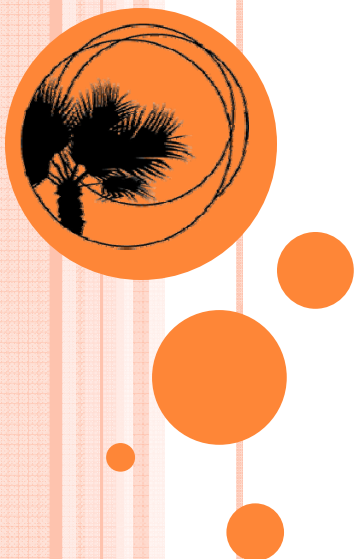
Patient Activity Report

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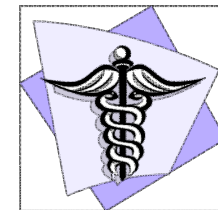
Yvette Manoukian, Data Coordinator



**Website Reference
Los Angeles, California
2012**

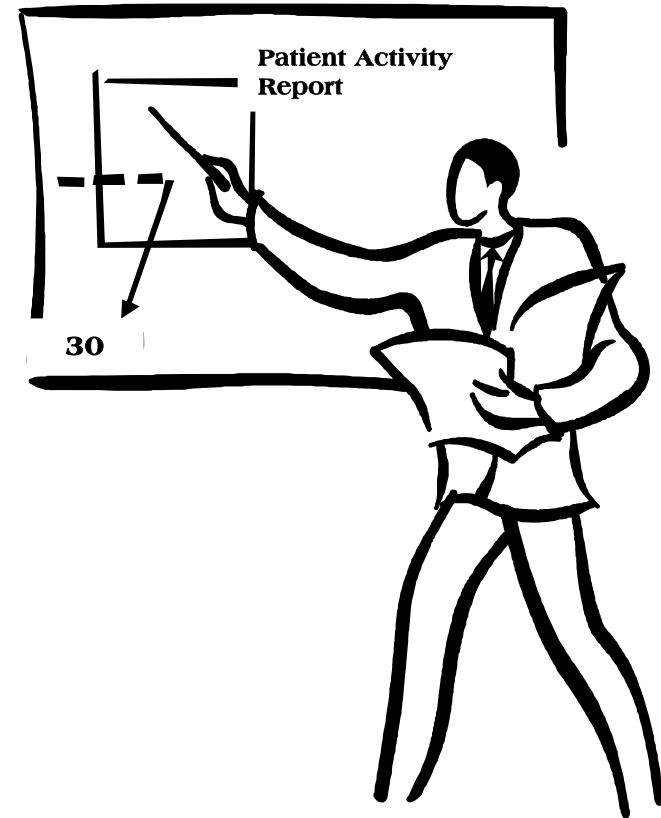
Introduction

- Centers for Medicare & Medicaid Services (CMS) require ESRD Networks to track patient activity throughout the year, including additions, losses, and neutral events.
 - All **chronic** patients should be included in the report regardless of modality.
 - Do not claim acute patients.
- A **Patient Activity Report (PAR)** must be completed at the end of each month and submitted by the **5th calendar day** of the following month.
- Though your facility may not undergo any patient additions or losses, we still require that a PAR be submitted. Simply note “No Activity” on the PAR.
- Blank PARs may be obtained from our website
 - esrdnetwork18.org: Reports/Forms/Directories > Forms.



A Few Quick Notes...

- A PAR **does not** replace CMS 2728 and 2746 forms.
- The PAR should **NOT** include **transient patients**.
 - *A transient patient is one who arrives at your facility from another outpatient unit and dialyzes for less than 30 days.*
- If PAR needs to be revised, please note “Revised” at top of PAR and indicate where revision is located by circling number corresponding to amendment.
 - *Submit “Revised” PAR by 10th of the month to avoid non-compliance.*



Addition Events

- **1= New ESRD Patient**—Patient has been diagnosed as ESRD and receives his/her first-ever outpatient, chronic dialysis treatment. A CMS-2728 form must be submitted for all new ESRD Patients.

- **2A= Transfer In, Category A**—Patient transfers into dialysis facility on a permanent basis having previously dialyzed at an ESRD-Medicare Certified Provider.

- **2B= Transfer In, Category B**—Patient transfers into dialysis facility on a permanent basis having previously dialyzed chronically in another country or in prison. This will be the Patient’s first outpatient, chronic dialysis at an ESRD-Medicare Certified Provider.
 - *A CMS-2728 form must be submitted for all Category B Patients. List the country patient is transferring in from in the comment field.*



Addition Events (cont.)

- **3= Restart**—Patient previously stopped dialysis treatment and is now resuming long-term, outpatient dialysis.
 - *This does not include patients returning to dialysis after transplant.*
 - *This can follow the following: Discontinued (7), Recovered Kidney Function (9) and Lost-to-Follow up (10).*
- **4A= Dialysis After Transplant Failed in US**—Patient has rejected a transplant received at a Transplant Hospital within the US and is receiving his/her first post-transplant, outpatient dialysis.
- **4B= Dialysis After Transplant Failed outside of US**—Patient has rejected a transplant received at a Transplant Hospital *outside* of the US and is receiving his/her first post-transplant, outpatient dialysis.



Loss Events

- **5A= Transfer Out for Transplant within US**—Patient leaves dialysis facility to receive a kidney transplant at a Transplant Hospital inside the US.
 - *Include the provider number or name and of transplant center.*

- **5B= Transfer Out for Transplant outside of US**—Patient leaves dialysis facility to receive a kidney transplant at a Transplant Hospital *outside* of the US.
 - *Include name of country the patient is transferring to for transplant in the comment field.*



Loss Events (cont.)

- **6A= Transfer Out, Category A**—Patient transfers long term/permanently to an ESRD-Medicare Certified Dialysis Provider.
- **6B= Transfer Out, Category B**—Patient leaves facility with no intent to return and will be receiving long-term dialysis (greater than 30 days) in a Non-ESRD facility: [prison, another country, rehab center, or hospital].
- **6C= Transfer Out, Category C**—Patient has been discharged from facility against his/her will due to the following reasons: *nonadherence, verbal/written abuse, verbal/written threat, physical threat, physical harm, property damage/theft, lack of payment.*
 - *Use this event for all involuntary discharges, regardless of where patient will receive services after discharge.*



Loss Events (cont.)

- **7= Discontinue**— Patient stops dialyzing after the decision to permanently stop dialysis has been specifically articulated.
- **8= Death**—Patient died. A CMS-2746 form must be submitted. Should patient expire within 30 days of patient discontinuing/last date of treatment, a CMS-2746 is still required.
 - *In addition, if circumstances have it that patient expired, though patient dialyzed less than 30 days within the care of your dialysis facility, your facility is responsible for submitting the CMS-2746 form for patient.*
- **9= Recover Function**—Patient regains renal function of his/her *native kidney* and is able to survive without ESRD therapy.
- **10= Lost to Follow Up**—Patient stopped attending dialysis and his/her whereabouts are unknown. Facility should make every effort to locate the Patient.
 - *This event should rarely be used.*



Neutral Events

**These events do not change facility population.*

- **11= Modality Change**—Patient remains at the treatment facility and changes his/her anticipated long-term dialysis modality.
 - *For Patients who are In-Center Frequent Dialysis or Frequent Home Hemo (5 or more times per week), write the number of sessions per week in parentheses next to the modality code.*
- **12= Transplant**-This event is only recorded by the transplant facility.
- **15= Interruption in Service**—Patient is receiving long-term dialysis (greater than 30 days) at an acute care setting or rehabilitation facility, but is **expected to return** to the outpatient dialysis facility.
- **16= Resume Service**—Patient returns to the outpatient dialysis facility from an acute care setting or rehabilitation facility.
 - *Follows an “Interruption in Service” (15).*



Step by Step: Completing A PAR

- **Step 1:** Enter your Medicare Provider Number.
- **Step 2:** Enter your Provider Name.
- **Step 3:** Enter the reporting month.
- **Step 4:** Enter your facility telephone number.
- **Step 5:** Print your name on the form.
- **Step 6:** Enter patients:
 - Last name
 - First name
 - Social Security Number
 - DOB
 - Gender
 - ZIP Code
- **Step 7:** Enter the patients:
 - Date the event occurred
 - Type of event:
 - Addition
 - Loss
 - Neutral event
 - Modality
- **Step 8:** Enter where patient is going/coming from in the last box.



Incorrectly Filled Out PAR

Network Patient Activity Report - Page 2

PROVIDER # **XXXXXX** PROVIDER NAME: **BELMONT SHORES DC INDEPENDENT** Ownership: **INDEPENDENT**

REPORTING MONTH: **May-08** PHONE: **323 906-1929** area number

PERSON COMPLETING FORM: **Gregory House**

ACTIVITY SUMMARY REPORT		ADDITIONS:		LOSSES:	
Beginning Patient Census	50	New ESRD Patient		Transfer Out For Txp (combine AB)	2
# of additions for the month:	0	Transfer In		Transfer Out (combine ABC)	1
# of losses for the month:	5	Restart		Discontinue	
Ending Patient Census	45	Dx After Txp (A&B)		Death	
		Total Additions:		Recover Function	2
				Loss to Follow Up	
				TOTAL Losses	5

PATIENT INFORMATION	SSN	Date of Birth	Gender	Zip Code	Date	ADDITIONS	LOSSES	NEUTRAL EVENTS	MODALITY	Sending/Receiving Facility	
DO NOT Leave Any Fields Blank											
Last Name	First Name	Social Security Number	Date of Birth	Gender (M/F)	ZIP Code	DATE OF ADDITION, LOSS, or NEUTRAL EVENT AT DIALYSIS FACILITY	LOSS: 5A=Transfer to transplant in US 5B=Transfer out to trsplant outside US 6A=Transfer out to another ESRD M/C unit 6B=Transfer out to prison/other country 6C=Transfer out: Involuntary Discharge 7=Discontinue 8=Death 9=Recover Function 10=Lost to Follow	ADDITION: 1=New ESRD patient (2728) 2A=Transfer In - Patient previously in Medicare Unit 2B=Transfer In - Patient New to ESRD Registry 3=Restart 4A=Dialysis After Transplant in US 4B = Dialysis After Transplant outside of US	Neutral Events: 11=Modality Change 15=Interruption in Service 16=Resume Service	CURRENT MODALITY OF PATIENT (Write in current Modality) Hemo Modalities In Center Hemo Home Hemo Home Assisted Hemo In Center - Self Frequent Dialysis- In Center Frequent - Home Hemo PD Modalities CAPD CCPD In Center IPD Home IPD	Where is the patient going to, or coming from? (ENTER PROVIDER NUMBER or NAME and STATE or Country)
8 PRINCE DIANA		999-22-4455	5/10/1940	F	90714	5/8/2008		11	BKHD		
9 MCDONALD RONALD		123-45-5678	4/1/1980	M	90705	5/15/2008	5A			SAN DIEGO	
10 DUCK DONALD		999-98-6464	10/26/1944	M	90706	5/25/2008	6B				
11 POTTER HARRY		999-45-7896	7/14/1988	M	91805	5/25/2008	TRANSPLANT		CCPD	KIDNEY TRANSPLANT	
12 KENT CLARK		000-45-5678	6/1/1938	M		5/22/2008	9		ICHD		
13 MCDONALD RONALD		321-55-6666	4/1/1980	M	90705	5/25/2008	9			RCVD TRANSPLANT	
14 CLAUS SANTA		999-69-8787	12/25/1912	M		0531/2008	5B				



Correctly Filled Out PAR

Network Patient Activity Report - Page 2

PROVIDER # **XXXXXX** PROVIDER NAME: **BELMONT SHORES DC INDEPENDENT** Ownership: **INDEPENDENT**

REPORTING MONTH: **May-08** PHONE: **323 666-1929**

PERSON COMPLETING FORM: **Gregory House**

ACTIVITY SUMMARY REPORT		ADDITIONS:		LOSSES:	
Beginning Patient Census		New ESRD Patient		Transfer Out For Txp (combine AB)	3
# of additions for the month	0	Transfer In		Transfer Out (combine ABC)	1
# of losses for the month	6	Restart		Discontinue	
# of modality changes	1	By After Txp (A&B)		Death	
Ending Patient Census	-6	Total Additions:		Recover Function	2
				Loss to Follow Up	
				TOTAL Losses	6

PATIENT INFORMATION	SSN	Date of Birth	Gender	Zip Code	Date	ADDITIONS	LOSSES	NEUTRAL EVENTS	MODALITY	Sending/Receiving Facility
DO NOT Leave Any Fields Blank										
Last Name										
First Name	Social Security Number	Date of Birth	Gender (M/F)	ZIP Code	DATE OF ADDITION, LOSS, or NEUTRAL EVENT AT DIALYSIS FACILITY	ADDITION: 1=New ESRD patient (2728) 2A=Transfer In-Patient previously in Medicare Unit 2B=Transfer In-Patient New to ESRD Registry 3=Restart 4A=Dialysis After Transplant in US 4B = Dialysis After Transplant outside of US	LOSS: 5A=Transfer to transplant in US 5B=Transfer out to transplant outside US 6A=Transfer out to another ESRD MC unit 6B=Transfer out to prison/other country 6C=Transfer out-Involuntary Discharge 7=Discontinue 8=Death 9=Recovery 10=Lost to Follow	Neutral Events: 11=Modality Change 15=Interruption in Service 16=Resume Service	CURRENT MODALITY OF PATIENT: (Write in current Modality) Hemo Modalities In Center Hemo Home Hemo Home Assisted Hemo In Center - Self Frequent Dialysis-In Center Frequent - Home Hemo PD Modalities CAPD CCPD In Center IPD Home IPD	Where is the patient going to, or coming from? (ENTER PROVIDER NUMBER or NAME and STATE or Country)
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9 MCDONALD RONALD	000-45-5678	4/1/1980	M	90705	5/15/2008		5A		ICHD	053553
10 DUCK DONALD	999-98-6464	10/26/1944	M	90706	5/25/2008		6B		ICHD	INDIA
11 POTTER HARRY	999-45-7896	7/14/1988	M	91805	5/25/2008		5A		CCPD	053553
12 KENT CLARK	000-45-5678	6/4/1938	M		5/22/2008		9		ICHD	
13 MCDONALD RONALD	000-55-6666	4/4/1980	M	90705	5/25/2008		9			RCVD TRANSPLANT
14 CLAUS SANTA	999-69-8787	12/25/1912	M		0531/2008		5B			MEXICO



Frequently Asked Questions

Q: “Are we responsible for the addition and loss tracking on top of the PAR?”

A: *The facility is **not** required to, however we recommend that it be used to help track your facility’s patient census each month.*

Q: “We have a patient returning from a failed transplant, how should we claim them on PAR?”

A: *4A- Dialysis after transplant failed. Please keep in mind if patient is returning to dialysis 3 years or more post transplant, a re-entitlement CMS-2728 form is required.*



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Please keep in mind, any patient information sent through e-mail is considered a security violation. Therefore, should you need to discuss an issue on specific patient(s), please contact the Data Dept directly.

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