Patient Activity Report

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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
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

Do NOT Leave Any Fields Blank

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Zip Code</th>
<th>Date of Admission</th>
<th>Admission Status</th>
<th>Diagnosis</th>
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## Correctly Filled Out PAR

### Network Patient Activity Report - Page 2

**Provider Name:** BELOMONT SHORES DC INDEPENDENT  
**Provider #:** XXXXXXXX  
**Reporting Month:** May-08  
**Phone:** 321-996-1299

### Patient Information

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<th>PAR Number</th>
<th>Modality</th>
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### DO NOT Leave Any Fields Blank

- **Last Name:** PRINGE  
- **First Name:** DIANA
- **Social Security Number:** 999-22-4455  
- **Date of Birth:** 5/10/1940
- **Gender:** F
- **ZIP Code:** 9074
- **Date of Admission:** 5/5/2008
- **Cause of Loss:**  
  - **Transfer Out to Transplant in US:** 8
  - **Transfer Out to Transplant Outside US:**  
    - **Transfer Out to another ESRD MC:** 5A
    - **Transfer Out to another MC and Transplant in another ESRD MC:** 5A
    - **Transfer Out to another MC and Transplant in another ESRD MC and Transplant In or Outside US:** 5A
    - **Other:** 5A

### Current Modality of Patient
- **PD:**  
  - **COPD:** 5A  
  - **Home IPD:** 5A
- **HD:**  
  - **Center HD:** 5A  
  - **Home HD:** 5A
- **Other:**  
  - **COPD:** 5A
  - **Center HD:** 5A
  - **Home HD:** 5A

### Par Number
- **14:**  
  - **Location:** BKHD
- **5A:**  
  - **Location:** ICHD  
    - **ID:** 053553
- **6B:**  
  - **Location:** ICHD  
    - **ID:** INDIA
- **5A:**  
  - **Location:** COPD  
    - **ID:** 053553
- **9:**  
  - **Location:** ICHD
- **9:**  
  - **Location:** RCVD-TRANSPLANT
- **5B:**  
  - **Location:** MEXICO

### Notes
- **DO NOT Leave Any Fields Blank**
- **Correctly Filled out PAR**
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.
Southern California Renal Disease Council, Inc.
ESRD Network 18

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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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