

Network Patient Activity Report Instructions

revised: 11/30/2005

Requirements

Centers for Medicare & Medicaid Services (CMS) requires ESRD Networks to track Patient activity throughout the year, including additions, losses, or neutral events. All CHRONIC Patients should be included in the report regardless of modality. A Network Patient Activity Report (NPAR) must be completed at the end of each month and submitted by the 10th day of the following month. Please keep a copy of the completed NPAR for your records then return the original via fax, mail, or Quality Net Exchange. Blank NPARs may be obtained from your Network office.

Note:

* The NPAR does not replace CMS forms 2728 and 2746. You must submit a CMS-2728 form for every new ESRD Patient and a CMS-2746 form for every death event.

*The NPAR should not include the names of transient patients. A transient patient is one who arrives at your facility from another outpatient unit and dialyzes for less than 30 days with no intent to be permanent.

***(Optional) The beginning and ending census may be calculated for the submitting period using the additions and loss totals. Neutral events, including Modality Changes do not affect the ending census population.**

How to Complete the NPAR

1. Enter your Provider Number (the Medicare number assigned to you by CMS).
2. Enter your Provider Name (the name of your facility).
3. Enter the Reporting Month (the month in which all activities occurred).
4. Enter your facility's telephone number.
5. Print your name on the form.
6. Enter the patient's Last Name.
7. Enter the patient's First Name.
8. Enter the patient's Social Security Number.
9. Enter the patient's Date of Birth.
10. Enter the patient's Gender.
11. Enter the patient's ZIP Code
12. Enter the date the event occurred and the type of patient Addition, Loss, or Neutral event. If this is an addition, include the Patient's most current 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. Neutral events are not considered additions or losses and do not change your facility's overall population.
13. Enter the Provider Number or Name and State (or country) of the Sending/Receiving Facility.

Additions

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.

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.

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.

Losses

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 state 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 the country the patient is transferring to for transplant in the comment field.

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 and will be receiving long-term dialysis (greater than 30 days) in prison or in another country.

6C = Transfer Out, Category C—Patient has been discharged from facility against his/her will. Use this event for all involuntary discharges, regardless of where patient will receive services after discharge.

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 for all death events.

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.

15 = Interruption in Service—Patient is receiving long-term dialysis (greater than 30 days) at an acute care setting or rehabilitation facility, and 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.



**The Florida
ESRD Network**

Dialysis Modality

Method of treatment for kidney failure/ESRD: Modality types include hemodialysis and peritoneal dialysis.

InCenter Hemodialysis	A method of dialysis in which blood from a patient's body is circulated through an external device or machine and then returned to the patient's blood stream. Patient is receiving hemodialysis usually three times a week on an outpatient basis and treatment lasts 3 to 4 hours.
Home Hemodialysis	Hemodialysis is done at home by the patient and a partner. Both are trained in the dialysis facility until the patient and partner become proficient to dialyze at home. The dialysis is usually three times per week.
Home Assisted Hemo	Hemodialysis is done in a home setting through a staff-assisted program. Patient is not trained to do dialysis himself.
InCenter –Self Dialysis	Dialysis is performed with little or no staff assistance by an ESRD patient who has completed an appropriate course of training.
Frequent Dialysis - InCenter	Patients who are prescribed to have hemodialysis in the outpatient dialysis facility 5 or more times per week and the hours of treatment may vary according to the patients' need.
Frequent Dialysis - Home Hemo	Patients who are prescribed 5 or more days of dialysis treatment at home. The number of hours per treatment may vary according to the patient need.
Continuous Ambulatory Peritoneal Dialysis (CAPD)	A type of dialysis where a patient does multiple dialysis solution exchange via peritoneal catheter into the peritoneal cavity by gravity. A Nephrologist will prescribe the number of exchanges needed, typically three or four exchanges during the day. CAPD is done at home.
Continuous Cyler Peritoneal Dialysis (CCPD)	A type of dialysis where the patient generally dialyzes at home and uses an automated peritoneal cyler machine to perform three to five exchanges during the night. CCPD is done at home with a machine called a cyler. Time on the cyler can be 8-10 hours.
InCenter IPD (Intermittent Peritoneal Dialysis)	IPD is much like CCPD but is usually performed in the hospital. Treatment sessions may last up to 24 hours and are done several times a week. This is an automated cyler that delivers a prescribed number of exchanges over several hours. This can be done daily or less frequently.
Home IPD (Intermittent Peritoneal Dialysis)	IPD performed at home. Treatment sessions may last up to 24 hours and are done several times a week. This is an automated cyler that delivers a prescribed number of exchanges over several hours. This can be done daily or less frequently.