Southern California Renal Disease Council, Inc.
ESRD Network 18

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
  - *esrdnetwork18.org: Reports/Forms/Directories > Forms.*
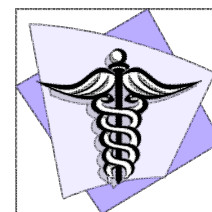
A Few Quick Notes…

- 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 <u>from another outpatient unit</u> 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.*
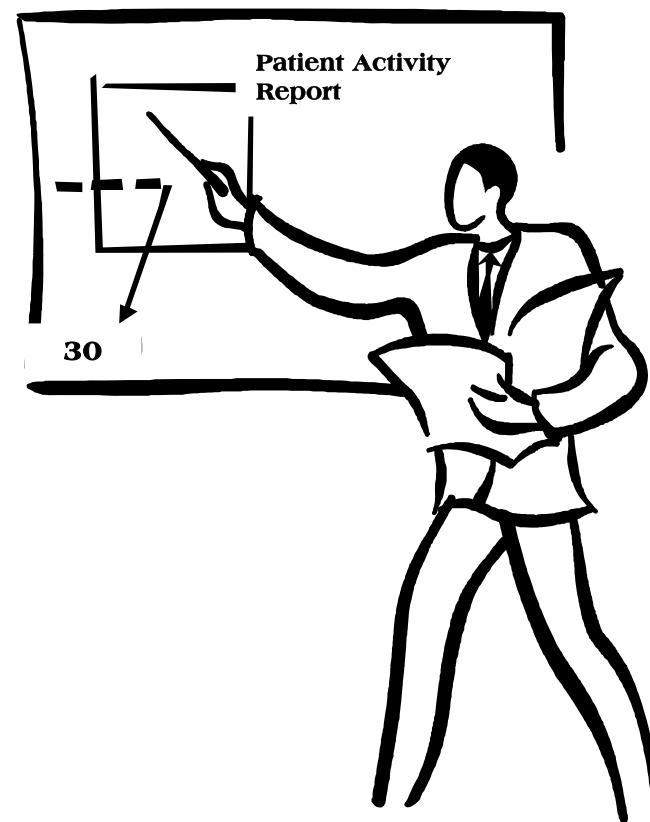
Addition Events

- **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 <u>must</u> 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 <u>transplant facility.</u>

- **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

Correctly Filled Out PAR

Network Patient Activity Report - Page 2

PROVIDER NAME: **BELMONT SHORES DC**
PROVIDER # **XXXXXX** Ownership: **INDEPENDENT**
REPORTING MONTH: **May-08** PHONE: area **323** number **666-1929**
PERSON COMPLETING FORM: **Gregory House**

ACTIVITY SUMMARY REPORT

Beginning Patient Census	
# of additions for the month:	0
# of losses for the month:	6
# of modality changes:	1
Ending Patient Census	-6

ADDITIONS:

New ESRD Patient	
Transfer In	
Restart	
Dx After Txp (A&B)	
Total Additions:	

LOSSES:

Transfer Out For Txp (combine AB)	3
Transfer Out (combine ABC)	1
Discontinue	
Death	
Recover Function	2
Loss to Follow Up	
TOTAL Losses	6

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	ADDITIONS	LOSSES	NEUTRAL EVENTS	MODALITY	Sending/Receiving Facility
8	~~PRINCE~~ ~~DIANA~~	~~999-22-4455~~	~~5/10/1940~~	F	~~90714~~	~~5/8/2008~~			11	~~BKHD~~	
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~~	~~6/1/1938~~	M		~~5/22/2008~~		9		~~ICHD~~	
13	~~MCDONALD~~ ~~RONALD~~	~~000-55-6666~~	~~4/1/1980~~	M	~~90705~~	~~5/25/2008~~		9			~~RCVD TRANSPLANT~~
14	CLAUS SANTA	999-69-8787	12/25/1912	M		0531/2008		5B			MEXICO

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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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