

How To: Patient Activity Report (PAR)

There are three categories of events that are reported to the Network and CMS: **additions**, **losses**, and **neutral** events. The additions **add** to your patient population. The losses **subtract** from your patient population. The neutral events **neither add to nor subtract from** your patient population. Below are listed these events with their definitions, the correct times to use them, and the necessary follow-up actions.

NOTE: All definitions and actions listed below are as outlined by CMS and the CMS Business Rules.

Additions:

1 – New ESRD Patient: Patient has been diagnosed as *chronic* ESRD and receives his/her first-ever *outpatient* chronic dialysis treatment. (A CMS-2728 **initial form must be submitted for all new ESRD patients by the facility where the patient initiates chronic dialysis treatment.**)

- This event should only ever be used by the **initial** facility.

*This event should **not** be used for a **transfer** patient that is new to your facility *or* a patient dialyzing **after a transplant failure**.

NOTE: Transient rules **do not apply** to patients who are **new** to ESRD.

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

- In the last column of the PAR, you should provide the six-digit Medicare provider number or the name and state of the dialysis facility **from which the patient is transferring**.
- If the patient is visiting your facility, or is there for **less than 30 days** or **less than 13 treatments**, the transfer in should not be reported on the PAR.

*This event should **not** be used for a patient transferring in from a hospital or any other **non-ESRD-Medicare Certified Provider** facilities unless he/she has previously dialyzed in an ESRD-Medicare Certified Provider outpatient setting.

*This event should **not** be used for a patient who is returning to dialysis after: **regaining function, discontinuing dialysis, transplant failure**, or was previously **lost to follow-up**.

2B – Transfer In: Patient transfers into a 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 treatment at an ESRD-Medicare Certified Provider. (A CMS-2728 **initial form must be submitted for all ESRD patients transferring in from another country or prison by the facility where the patient initiates chronic outpatient dialysis treatment.**)

*This event should **not** be used for patients transferring in from a **hospital**.

3 – Restart: Patient previously stopped dialysis treatment and is now resuming **long-term** outpatient dialysis. (A **CMS-2728 re-entitlement** form must be submitted for all patients who have stopped dialysis for 11 or more months.)

*This event should **not** be used for a patient who is dialyzing **after a transplant failure or transferring in** from another ESRD-Medicare Certified Provider.

4A/4B – Dialysis after a Transplant Failure in the US/Outside the US: Patient has rejected a transplant received at a Transplant Hospital and is receiving his/her first post-transplant outpatient treatment. (A **CMS-2728 re-entitlement** form must be submitted for all patients who experience transplant failure more than 35 months after transplant.)

- Please confirm with the surgeon or nephrologist that a transplant has failed.

*This event should **not** be used for a patient who has never received a transplant. If a patient receives a transplant but continues **jumpstart** dialysis treatments, a **4A/4B** should not be reported on the PAR unless termed a transplant failure by the surgeon or nephrologist.

Losses:

5A/5B – Transfer Out for a Transplant within the US/Outside the US: Patient leaves a dialysis facility to receive a kidney transplant at a Transplant Hospital within the US/outside the US.

- In the last column on the PAR, you should provide the six-digit Medicare provider number or the name and state/country of the transplant center.
- The date of the 5A event should precede the date of the actual transplant and should be reported on the PAR of the month during which the transplant took place.

*This event should **not** be used for a patient transferring out to another **dialysis facility**.

6A – Transfer Out: Patient transfers out long-term/permanently (more than 30 days/13 treatments) to another ESRD-Medicare Certified Provider.

- In the last column on the PAR, you should provide the six-digit Medicare provider number or the name and state of the dialysis facility **to which the patient is transferring**.
- If a patient transfers out for less than 30 days and returns, the transfer out should not be reported on the PAR.

*This event should **not** be used for a patient transferring out to a hospital, rehab, prison, another country, or any other **non-ESRD-Medicare Certified Provider**.

6B – Transfer Out: Patient leaves facility and will be receiving long-term dialysis (greater than 30 days) in a non-ESRD-Medicare Certified Provider. (A **CMS-2746 form** must be submitted if a patient dies within 30 days of the transfer out date provided to the Network.)

- Non-ESRD-Medicare Certified Providers include, but are not limited to: **prison, another country, hospital, rehab, long-term care facilities (LTCF), long-term acute care (LTAC)**, or a dialysis facility that **is not Medicare certified**.
- In the last column on the PAR, you should provide where the patient is going.

*This event should **not** be used for a patient transferring out to **another ESRD-Medicare Certified Provider**.

6C – Transfer Out/Involuntary Discharge: Patient has been discharged from the facility against his/her will as a result of verbal/written/physical threat or harm, non-payment, non-adherence, or property damage. (A CMS-2746 form must be submitted if a patient dies within 30 days of the involuntary discharge date reported to the Network *and another facility has yet to transfer him/her in.*)

- Your facility's social worker or clinic manager **must** contact the **Patient Services Coordinator** at the Network **30 days prior** to involuntarily discharging a patient.

*This event should **not** be used for any other discharge/transfer event.

7 – Discontinue: Patient stops dialyzing after the decision to permanently stop dialysis has been specifically articulated. (A CMS-2746 form must be submitted if a patient dies within 30 days of the discontinue event.)

*This event should **not** be used for a patient that has recovered function, has been involuntarily discharged, or has not shown up for dialysis treatments.

8 – Death: Patient expires. (A CMS-2746 form must be submitted for all death events.)

- A death event **replaces** any prior loss event *within 30 days of the loss*. (The 30 days begins from the date of the loss reported to the Network.)

*This event should **not** be used for any other event.

9 – Recover Function: Patient's Nephrologist has declared that the patient has regained renal function of his/her **native kidney** and is able to survive without ESRD therapy.

- CMS defines a patient as acute if he/she regains function within 90 days of beginning dialysis treatment. Please consult the patient's doctor before adding a new patient and/or recover function event to the PAR.
- If a patient recovers function and is diagnosed as acute after you have already reported him/her as a new patient on a previous month's PAR, then an **acute letter** must be sent to the Network stating the patient was acute and **signed by the doctor or the DON**.

*This event should **not** be used for any other event.

10 – Lost to Follow Up: Patient stopped attending dialysis and his/her whereabouts are unknown. The facility should **make every effort** to locate the patient. *This event should rarely be used.* (A CMS-2746 form must be submitted if a patient dies within 30 days of the loss date provided to the Network.)

*This event should **not** be used if you know the patient's whereabouts.

NOTE: For all loss events, CMS and the Network begin the 30 day count **from the date of the loss reported to the Network**.

Neutral:

11 – Modality change: Patient remains at the treatment facility and changes his/her anticipated long-term modality.

- If a modality change is reported, in the modality column of the PAR, the modality *to which the patient is changing* **must** be provided. If the patient is switching to PD, please specify CAPD or CCPD.
- If the patient is a **frequent** dialysis patient (in-center or home), please provide the number of sessions per week and the number of hours per session next to the modality.
- **Important:** if your facility offers **more than one** modality, you should always provide individual patient modalities on your PAR.

*This event should **not** be used for a patient who is transferring in/out in order to change modalities. If a patient switches modalities and must dialyze at a **different** unit to do so, use the proper **2A** and **6A** events. (Also, the **2A** and **6A** events should **not** be used as modality change events in facilities that offer several modalities under one Medicare provider number.)

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. (A CMS-2746 form must be submitted if a patient dies within 30 days of the interruption.)

- This **does not** subtract a patient from your population. You must hold a chair open for this patient until properly discharged.

*This event should **not** be used in place of a transfer out event.

16 – Resume Service: Patient returns to the outpatient dialysis facility from an acute care setting or rehabilitation facility.

- Though it does not affect your patient population, a resume service should always be reported when a patient previously reported as an interruption in service returns.

*This event should **not** be used in the place of a transfer in event.

Tips: Patient Activity Report (PAR)

The following tips are to ensure the least amount of trouble receiving and processing your PAR.

- In the upper left hand corner, please provide:
 - the proper month and year being reported
 - the facility **fax** number (double check that it **is not** a phone number)
 - the name of the person filling out the PAR
- In the upper right hand corner, please provide:
 - the six-digit Medicare provider number starting with 45- or 67-
 - the name and address of the facility

- the facility **phone** number
- In the columns, please provide **all** patient information, regardless of event:
 - Last name, First name
 - Social security number
 - Date of birth
 - Gender (please double check the correct gender has been provided)
 - Zip code
 - **Date of the event** (the Network cannot make the event without an event date)
 - Additions in the addition column
 - Losses in the loss column
 - Neutral events in the neutral column
 - Patient's current modality
 - Sending/Receiving (if the patient is transferring in to your facility, provide where he/she is coming from; if the patient is transferring out of your facility, provide where he/she is going. Your facility should never be listed in this column.)
- The PAR is due to the Network by the **8th of every month**. To ensure timely receipt, you may fax a copy as soon as you complete the PAR to 972-503-3219.
- If you have a correction to make to a PAR you have already submitted, write **CORRECTION** at the top of the PAR and fax it to the Network at 972-503-3219.
- If you receive a **PAR Adjustment Fax** from the Network:
 - You **do not** have to send a corrected PAR *unless specifically asked to do so*; the adjusted events are already documented and entered into the Network's system.
 - It does not count against you; the PAR Adjustment Fax is to notify you that something was adjusted and that you should note it so both your facility's and the Network's information match.