

## Network Patient Activity Report Instructions

The PAR should be completed at the end of each month and faxed to Network #15 by the 10<sup>th</sup> of the following month.

ONLY include patients who have been diagnosed as chronic by a nephrologist.

Patients that are transients (visiting for less than 30 days with no intention of being permanent) should NOT be reported as transfer-ins on the PAR.

1. At the top of the page, write your **FULL** Provider Name, your **6-digit** Medicare-assigned Provider Number, your own name, your facility phone number, and the reporting month.
2. Enter the patient's name, SS #, Date of Birth, Gender, and local Zip Code in the first 5 columns.
3. Enter the date the event occurred and the type of Addition, Loss, or Neutral Event. See the definitions below for detailed descriptions of all patient events.
4. Remember to enter the patient's current modality. If you are reporting a modality change you should enter the NEW modality.
5. Enter the provider number or name of the sending/receiving facility for all patients who are coming from or going to another 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. **If patient dies within 30 days, the death must ALSO be reported on a PAR.**

**8 = Death**—Patient died. A CMS-2746 form must be submitted unless it has been >30 days since a discontinue or interruption in service event.

**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.

**16 = Resume Service**—Patient returns to the outpatient dialysis facility from an acute care setting or rehabilitation facility.



**Fax PAR to 303-860-8392**

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## 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 Cycler Peritoneal Dialysis (CCPD)	A type of dialysis where the patient generally dialyzes at home and uses an automated peritoneal cycler machine to perform three to five exchanges during the night. CCPD is done at home with a machine called a cycler. Time on the cycler 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 cycler 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 cycler that delivers a prescribed number of exchanges over several hours. This can be done daily or less frequently.

## Tips On Completing The PAR

1. **Please PRINT legibly or, better yet, use the Excel Spreadsheet** version of the PAR which can be downloaded from our website at <http://www.esrdnet15.org/data.htm#PAR>.
2. **Always write your 6-digit Medicare Provider Number at the top of the page.** This is different from your four-digit corporate number. Please call us if you are unsure what your Medicare number is.
3. **Include your FULL Provider name.** “RCG Dialysis” or “Utah Dialysis” is NOT acceptable.
4. **NEVER REPORT ACUTE PATIENTS.** If a nephrologist is waiting to see if the patient is truly end-stage, you should NOT report this patient on the PAR—until/unless the doctor says they are chronic.
5. **Be sure to complete every applicable column on the PAR.** People often forget to include the patient’s current modality, and often don’t indicate the sending/receiving facilities (applicable when patients have transferred in or out). We also need the LOCAL zip code for ALL patients.
6. **New ESRD vs. Transfer In:** Think of New Start as being “New to outpatient dialysis”. If your unit is the FIRST outpatient, chronic facility to provide dialysis then report patient as a New Start and fill out a 2728. If patient has been dialyzing at another outpatient unit they should be reported as a transfer.
7. **Do NOT report Transfers for visitors** coming from (or going to) other out-patient dialysis units-- UNLESS they stay for more than 30 days. (**New Starts** must always be counted regardless how long they stay.)
8. **Interruption in Service vs. Transfer Out:** If a patient enters a hospital, rehab facility, or other long-term care unit, this is not a transfer out (even if your facility has “discharged” the patient); this is an interruption in service. On the PAR use the date the patient actually left your unit, not 30 days after the patient left, or some other “discharge” date.
9. **Discontinue vs. Death: You must ALWAYS report death events for patients who die after stopping dialysis (within 30 days).** It is appropriate to report discontinue events, but you must ALSO report the death event if it occurs within 30 days; and you are responsible for turning in a 2746.
10. **Modality shifts:** Modality shift ONLY pertains to people who are still at your unit and have changed the type of dialysis they receive. *Hint:* If your unit only has an incenter hemo department (and no PD department) then you would NEVER have modality shift events.
11. **Dialysis After Transplant:** Does not apply to “kick-start” dialysis that sometimes follows a kidney transplant. This event is only used when a physician determines that the new kidney has utterly and completely failed and chronic, outpatient dialysis must be administered.
12. If you have already sent a PAR and realize you missed something – please write “Addendum” at the top of a **blank** PAR and ONLY include the event/s that need to be added, then re-fax the revised PAR.