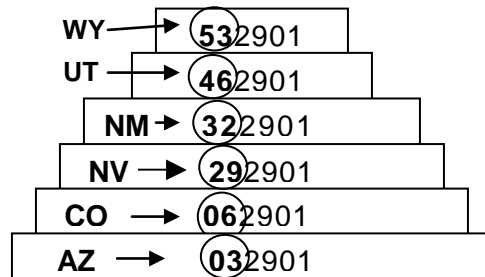


## **WebEx for New Facilities – Part 2**

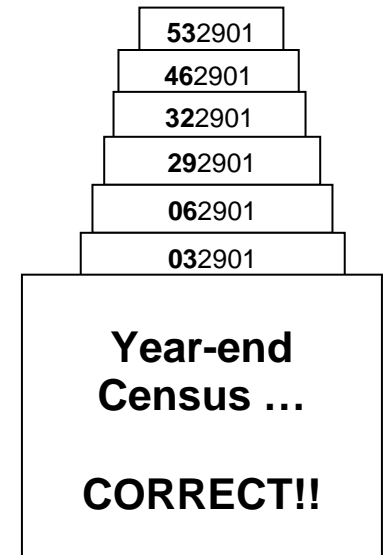
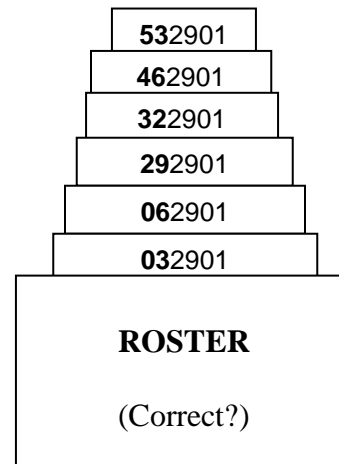
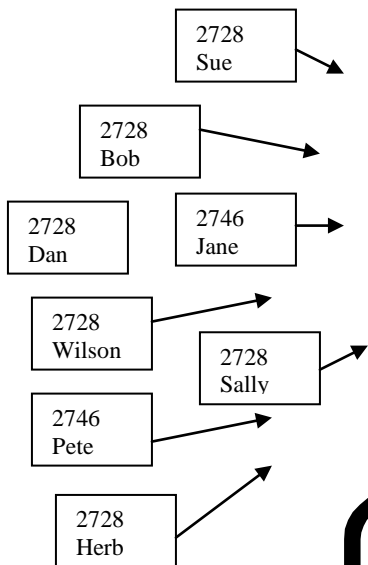
### **Explaining the Patient Activity Report (PAR)**

# PAR: How it Functions ...



**PAR**

- **Describes** the activities/events that involve patients at all chronic dialysis facilities.
- **Includes** names of chronic dialysis patients who are part of the ESRD registry.
- **Helps** Network/CMS know where patients are and what type of treatment they are receiving.



**In Context.**

### Network Patient Activity Report

PROVIDER # \_\_\_\_\_ PROVIDER NAME: \_\_\_\_\_

REPORTING MONTH: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM (print clearly): \_\_\_\_\_

Beginning Patient Census	New ESRD Patient Transfer/In	Transfer Out For Txp (combine AB)
# of additions for the month:	Restart	Transfer Out (combine ABC)
# of losses for the month:	Discontinue	Death
# of modality changes:	Dx After Txp ( A&B)	Recover Function
Ending Patient Census	Total Additions:	Loss to Follow Up
		TOTAL Losses

PATIENT INFORMATION		SSN	Date of Birth	Gender	Zip Code	Date	ADDITIONS	LOSSES	NEUTRAL EVENTS	MODALITY	Sending/Receiving Facility
Last Name		Social Security Number	Date of Birth	Gender (M/F)	Patient's ZIP Code	DATE OF ADDITION, LOSS, or NEUTRAL EVENT AT DIALYSIS FACILITY	1=New ESRD patient (2728) 2A=Transfer In - Pt previously in Medicare unit 2B=Transfer In - Pt new to ESRD registry 3=Restart 4A=Dialysis After Transplant in US 4B = Dialysis After Transplant outside of US	5A=Transfer Out for Transplant in US 5B=Transfer Out for Transplant outside US 6A=Transfer Out to another ESRD MC unit 6B=Transfer Out to Prison/Other Country 6C=Transfer Out-Involuntary Discharge 7=Discontinue 8=Death 9=Recover Function 10=Lost to Follow Up	11=Modality Change 15= Interruption in Service 16=Resume Service	WRITE IN Current Modality of patient:  Hemo Modalities In Center Hemo Home Hemo Home-Assisted Hemo In Center - Self Frequent Dialysis- In Center Frequent Dialysis- Home PD Modalities CAPD CCPD	Where is the patient going to, or coming from? (ENTER PROVIDER NUMBER or NAME and STATE or Country)
First Name											
1											
2											
3											
4											
5											
6											
7											
8											
9											

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.

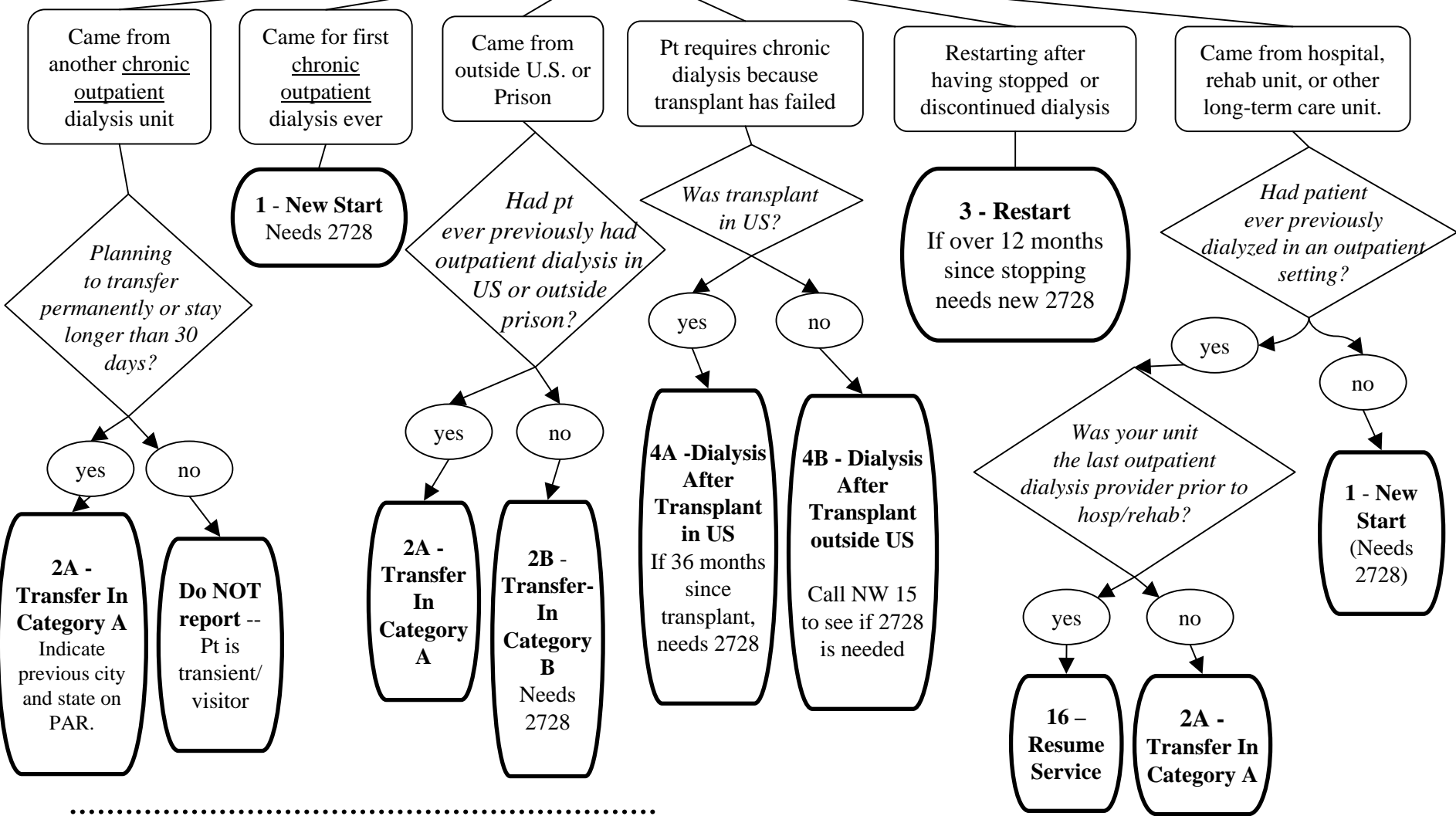


**Fax PAR to 303-860-8392**

# Patient Addition Flow Chart

**What brought patient to your unit?**

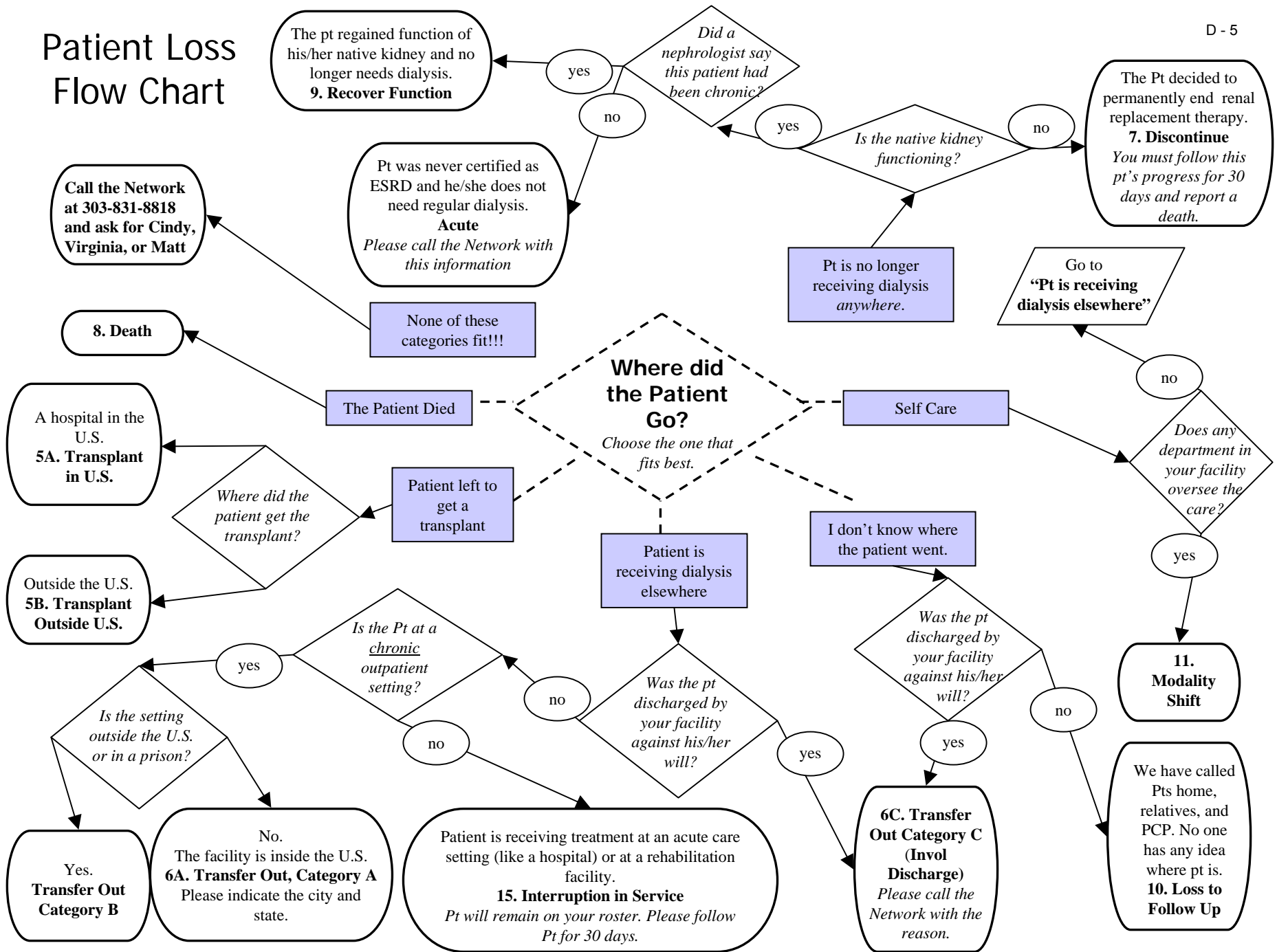
If none of these categories fit, call NW 15 at 303-831-8818 and ask for Cindy, Virginia, or Matt



**Patients that change from in-center to a home modality, or vice versa, but remain under your same provider number should be reported as a MODALITY SHIFT.**

**Patients that are NOT yet officially diagnosed as CHRONIC, should NEVER be reported on the PAR!**

# Patient Loss Flow Chart



The pt regained function of his/her native kidney and no longer needs dialysis.  
**9. Recover Function**

The Pt decided to permanently end renal replacement therapy.  
**7. Discontinue**  
You must follow this pt's progress for 30 days and report a death.

**Call the Network at 303-831-8818 and ask for Cindy, Virginia, or Matt**

Pt was never certified as ESRD and he/she does not need regular dialysis.  
**Acute**  
Please call the Network with this information

**8. Death**

None of these categories fit!!!

The Patient Died

A hospital in the U.S.  
**5A. Transplant in U.S.**

Outside the U.S.  
**5B. Transplant Outside U.S.**

Where did the patient get the transplant?

Patient left to get a transplant

**Where did the Patient Go?**  
Choose the one that fits best.

Self Care

I don't know where the patient went.

Patient is receiving dialysis elsewhere

**11. Modality Shift**

We have called Pts home, relatives, and PCP. No one has any idea where pt is.  
**10. Loss to Follow Up**

Was the pt discharged by your facility against his/her will?

**6C. Transfer Out Category C (Invol Discharge)**  
Please call the Network with the reason.

Was the pt discharged by your facility against his/her will?

Patient is receiving treatment at an acute care setting (like a hospital) or at a rehabilitation facility.  
**15. Interruption in Service**  
Pt will remain on your roster. Please follow Pt for 30 days.

No. The facility is inside the U.S.  
**6A. Transfer Out, Category A**  
Please indicate the city and state.

Yes. **Transfer Out Category B**

Is the setting outside the U.S. or in a prison?

Is the Pt at a chronic outpatient setting?

## 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 [www.esrdnet15.org/data.htm#PAR](http://www.esrdnet15.org/data.htm#PAR).
2. **Always write your 6-digit Medicare Provider Number at the top of the page.** Facilities in AZ always have 03 as the first two digits, CO starts with 06, NM starts with 32, NV starts with 29, UT starts with 46, and WY begins with 53. Do NOT use a 3 or 4 digit “corporate” number.
3. **Include your FULL Provider name.** “RCG Dialysis” or “Utah Dialysis” is not acceptable.
4. **You should ONLY report patients who have been definitively diagnosed as chronic (end-stage) by a nephrologist.**
5. **Be sure to use patient’s entire, legal name and correct Social Security Number and Date of Birth.**
6. **Be sure to complete every applicable column on the PAR.** People frequently 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).
7. **Do NOT report Transfer In/Out events for transients/visitors.** People who were visiting **for less than 30 days**—and have no intention of permanently changing facilities—are transient/visitors.
8. **DO report patients who will be staying for MORE than 30 days.** All patients who stay **for more than 30 days** DO need to be reported as a transfer in--even if they intend to go back to their home unit.
9. **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 and should be listed as such on the PAR. Use the date the patient actually left your unit, not 30 days after the patient left, or some other “discharge” date.
10. **Dates on PAR need to reflect the actual date event occurred.** Even if your unit has an internal policy to record a patient’s departure 30 days after the patient has left, on the PAR you must report interruption in service or transfer out events using the date patient was last physically present at unit.
11. **New ESRD vs. Transfer In:** If your facility is the first chronic outpatient unit to provide dialysis, you must list a “New ESRD” event on the PAR and send a 2728. “Transfer In” applies to patients who start outpatient treatments at a different chronic facility and then transfer into your unit (these patients will already have a 2728 form).
12. **Discontinue vs. Death: You must ALWAYS report death events for patients who pass away after stopping dialysis (within 30 days).** You may list a discontinue event, by itself, when a patient has stopped dialysis and is still living at the time you submit your PAR.
13. **Modality shifts:** Modality shift ONLY pertains to people who are still at your unit and have changed the type of dialysis they receive. \*\* If your unit does not have both a PD and a hemo department then you would NEVER have modality shift events.
14. **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 failed and chronic, outpatient dialysis is being administered.

## HOW TO CONTACT US

- ▶ Online resources can be found at [www.esrdnet15.org](http://www.esrdnet15.org)
- ▶ You can email us at [NW15data@nw15.esrd.net](mailto:NW15data@nw15.esrd.net) (please no PHI/PII)
- ▶ Call the Data Dept. at 303-860-1515
- ▶ Network FAX # 303-860-8392

**Thank you!**

**We appreciate your feedback on this presentation.**

**Please take the short WebEx Feedback Survey located at:**

**[www.esrdnet15.org/newdialysis.htm](http://www.esrdnet15.org/newdialysis.htm)**