

# ***PAR Glossary***

**2728 Form** (End Stage Renal Disease Medical Evidence Report): Certifies medical eligibility for ESRD patients and registers patients in the ESRD database/tracking system. *\*2728 is due at the Network office within 45 days of the patient's first course of regular dialysis.*

**2746 Form**: Notifies Network of a death event, which is attributed to the last chronic provider of dialysis. *\*2746 is due at the Network office within 30 days of the patient's death.*

**Acute**: Describes 1) a dialysis patient who does not need renal replacement therapy indefinitely; 2) short-term, kick-start dialysis treatment(s) given to a transplant patient; or 3) dialysis treatment(s) supplied to a chronic patient at a non-chronic setting (hospital, hospice, or rehabilitation center with no Medicare provider number).

**Acute Care Setting**: Describes a treatment location that is not ESRD-Medicare Certified (hospital) but offers life-saving, inpatient dialysis.

**Backup**: Describes temporary, outpatient, hemodialysis treatments intended to sustain a patient until he/she can resume long-term peritoneal dialysis.

**Chronic**: Describes 1) a patient who requires regular dialysis treatments to ensure his/her livelihood, or 2) long-term dialysis treatments provided by an ESRD-Medicare Certified facility.

**CMS** (Centers for Medicare & Medicaid Services): CMS is the federal agency that governs the provision of renal replacement therapy for individuals who have lost kidney function. CMS assigns Medicare provider numbers to certified dialysis and transplant facilities.

**Death event**: Is reported by the last chronic facility to provide dialysis to an ESRD patient. When a patient discontinues dialysis, the chronic facility must follow the patient's progress for a minimum of 30 days and submit a 2746 form when a death event occurs in that time frame.

**Dialysis After Transplant Failed event**: Occurs when a patient receives first outpatient, long-term dialysis after his/her kidney transplant has failed and is not expected to regain function.

**Dialysis Modality type**: Describes the specific type of treatment provided to a dialysis patient (i.e. In-center Hemo, CAPD, or CCPD).

**Discontinue event:** Occurs when a patient articulates his/her decision to permanently end dialysis, and stops receiving treatment. The facility must follow the patient's progress for a minimum of 30 days and submit a 2746 form when a death event occurs in that time frame.

**ESRD (End Stage Renal Disease):** This classification applies to persons who have lost kidney function and cannot live without renal replacement therapy (dialysis or transplant). Most ESRD patients in the U.S. are eligible for Medicare coverage.

**ESRD-Medicare Certified Provider:** A dialysis facility that has been approved by CMS (has a Medicare provider number) to administer chronic, outpatient dialysis.

**ESRD Patient Registry:** A database of patients in the United States who have lost kidney function and cannot live without renal replacement therapy. Patients are entered into the Registry via the 2728 form.

**Facility Population/Census:** Describes the ESRD patients who are receiving long-term, outpatient dialysis treatment at a specific Medicare provider. These patients are chronic and non-transient; their activities are tracked and reported on by the designated facility; and their follow-up care is assigned to the facility.

**Interruption in Service event:** Occurs when a patient receives long-term dialysis (30+ days) at an acute care setting or rehab center. The patient is expected to return to outpatient dialysis and remains on the home facility's census/population.

**Long-term:** Lasting more than 30 days (contiguously). This applies to outpatient dialysis treatments provided at a chronic setting.

**Lost to Follow Up event:** Occurs when a patient—without warning or discussion—stops attending dialysis. *\*The facility must make every effort to locate the patient and report on his/her whereabouts.*

**Modality Change event:** Occurs when a patient changes his/her anticipated long-term dialysis treatment (i.e. In-center Hemo to CAPD, or CAPD to CCPD). *\*If the change is from In-center Hemo to PD and occurs within 90 days of the start event, a supplemental 2728 form must be submitted. \*\*Backup dialysis (Hemo) is not reported as a Modality Change.*

**Networks / Network #15:** ESRD "Networks" are federally-mandated organizations that contract with CMS to provide established services under the Medicare program. Network #15 encompasses the intermountain region of the United States (Arizona, Colorado, Nevada, New Mexico, Utah, and Wyoming). Dialysis and transplant facilities within these states are required to report patient activities to the Network #15 office.

**Neutral event:** Describes a patient activity (modality change, interruption in service, resume service, or backup dialysis) that does not add or remove a person's name to or from a facility's overall population.

**New ESRD Patient event (requires 2728 form):** Occurs when a patient has been diagnosed with ESRD (received a physician's prescription for regular dialysis) and begins first-ever, chronic dialysis at an ESRD-Medicare Certified facility.

**Non-Medicare ESRD Dialysis Facility:** A dialysis setting that provides chronic treatments but does not have a Medicare provider number. This description applies to prison and out-of-country settings.

**Outpatient:** Describes the chronic dialysis treatments provided by an ESRD-Medicare Certified facility.

**Outpatient Dialysis Facility:** An ESRD-Medicare Certified provider of chronic dialysis.

**PAR (Patient Activity Report):** Tracks ALL patient events that occur at a chronic dialysis facility throughout a given month. *\*A PAR must be completed each month and submitted by the 10<sup>th</sup> day of the following month.*

**Provider Name:** Refers to the name (specific nomenclature) of an individual dialysis or transplant facility (i.e. "RCG Southwest Mesa," versus "RCG").

**Provider Number:** The Medicare certification number—assigned when a facility receives a certification letter—that CMS applies to chronic dialysis and transplant clinics. A provider number is not corporate affiliated and is different from a billing number. *\*Hint: The first two digits of the provider number correspond to the state in which the facility resides. For example, all provider numbers in Arizona begin with 03.*

**QualityNet Exchange:** A website designed to allow secure, real-time communication and data exchange between ESRD facilities, Networks, and CMS.

**Recover Function event:** Occurs when a patient regains use of his/her native kidney and is expected to survive without further ESRD therapy.

**Rehabilitation Facility:** Describes a sub-acute treatment location (not ESRD Medicare certified) that offers inpatient dialysis.

**Restart event:** Occurs when a patient resumes outpatient dialysis, having previously stopped his/her treatment (discontinue or recover function). *If patient has been off dialysis for more than 12 months, a new 2728 form is required.*

**Resume Service event:** Occurs when a patient returns to outpatient dialysis (at his/her home unit) from an acute care setting or rehabilitation center. On a prior PAR, this patient should have been reported as experiencing an Interruption in Service.

**Transfer In event:** Occurs when a patient makes a long-term move from one provider of chronic dialysis to another. The patient must intend to join the new facility's population or he/she must remain at the new location for more than 30 days.

**Category A:** Patient previously dialyzed at an ESRD-Medicare Certified facility. *\*2728 form has been submitted and patient is already in the ESRD registry.*

**Category B:** Patient previously dialyzed in prison or in another country. *\*Patient is not in the ESRD Registry and facility must submit a 2728 form.*

**Transfer Out event:** Occurs when a patient leaves one chronic facility and will receive long-term, chronic dialysis at a different location. This event removes the patient from a facility's population.

**Category A:** Patient is transferring to another chronic dialysis facility.

**Category B:** Patient will be receiving long-term dialysis in prison or in another country.

**Category C:** Patient has been discharged from a facility against his/her will.

**Transfer Out for Transplant event:** Occurs when a patient leaves a chronic dialysis facility (where she/he has been receiving outpatient treatments) in order to get a kidney transplant.

**Transient:** Describes a chronic patient who is traveling/vacationing and dialyzing at a facility other than his/her home unit. *NOTE: If the patient remains for more than 30 days, he/she is NOT transient and should be reported as a Transfer In, Category A, as of the first day the patient dialyzed in the new facility.*

**Transplant Modality type:** Describes the specific kidney organ donor. LRD = Living Related Donor, LURD = Living Unrelated Donor, and CAD = Cadaveric Donor.