

Requirements

Centers for Medicare & Medicaid Services (CMS) requires ESRD Networks to track patient activity throughout the year, including additions, losses, or neutral events.

A Patient Activity Report (PAR) must be completed at the end of each month and submitted by the 10th day of the following month. Please keep a copy of the completed PAR for your records then return the original via fax, mail or Quality Net Exchange. Blank PARs may be obtained from your Network office.

Note:

** The PAR does not replace CMS forms 2728 and 2746. You must submit a CMS-2728 form for every new ESRD patient and a CMS-2746 form for every death event.*

**The PAR should not include the names of transient patients. A transient patient is one who arrives at your facility from another outpatient unit and dialyzes for less than 30 days with no intent to be permanent.*

How to Complete the PAR

1. Enter your Provider Number (the Medicare number assigned to you by CMS).
2. Enter your Provider Name (the name of your facility).
3. Enter the Reporting Month (the month in which all activities occurred).
4. Print and sign your name on the form.
5. Enter your facility's telephone number.
6. Enter the patient's Last Name.
7. Enter the patient's First Name.
8. Enter the patient's Social Security Number.
9. Enter the patient's Date of Birth.
10. Enter the type of patient Addition or Loss and the date the event occurred. If this is an addition, include the patient's modality. *For patients who are In-Center Frequent Dialysis or Frequent Home Hemo (greater than 4 times per week), write the number of sessions per week in parentheses next to the modality code.* If the patient was a Transfer Out or Transfer Out for Transplant, include the dialysis provider or transplant hospital to which he/she transferred. For transplants, list the donor type: CAD, LRD, or LURD.
11. Enter the type of Neutral Event: Modality Change, Interruption in Service, or Resume Service. *Neutral events are not considered additions or losses and do not change your facility's overall population.*

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 having previously dialyzed at an ESRD-Medicare Certified Provider.

2B = Transfer In, Category B—Patient transfers into dialysis facility 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.*

3 = Restart—Patient previously stopped dialysis treatment and is now resuming long-term, outpatient dialysis.

4 = Dialysis After Transplant Failed—Patient has rejected a transplant and is receiving his/her first post-transplant, outpatient dialysis.

Losses

5 = Transfer Out for Transplant—Patient leaves dialysis facility to receive a kidney transplant. *Include the provider number or name of transplant center and the type of transplant received.*

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 specifically articulating the decision to permanently end dialysis.

8 = Death—Patient died. A CMS-2746 form must be submitted for all death events.

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 (greater than 4 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, and 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.

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