



Patient Information in E-mail



Please do not send patient-specific data to Renal Network 11 via E-mail. CMS considers Internet e-mail to be an unsafe medium for transmitting patient information. E-mail may not be used to send patient-specific information to Network 11. When sending e-mail to Network 11 personnel, please do not include patient Names, SSNs, Medicare numbers, Dates of Birth, or any other information which, taken as a whole, could allow an unauthorized reader to determine the identity of the patient.

Network 11 is required to report instances where we receive e-mail containing Protected Health Information (PHI) to the CMS Information Systems Security Officer. Please use phone, mail, or fax (651-644-9853) when sending patient-specific information to Network 11.

Patient Activity Report (PAR) Tips

- 1) If your facility offers home hemo or PD services, remember to include any patient activity from your home program on the monthly PAR.
- 2) If your facility offers more than one kind of dialysis, please use the “Modality” column on the PAR to indicate the modality for new and transfer-in patients.
 - For modality changes, use code #11 in the “Neutral Events” column and indicate the new modality in the “Modality” column.
- 3) If you are responsible for completing PARs for multiple units, please remember to record the transfer of patients on all related PARs.
- 4) CMS does not track acute episodes of renal failure. Do not add these patients to your monthly PAR.
- 5) CMS does not track transient events. If a patient transfers to your unit and stays < 30 days, do not add this patient to your PAR. NOTE:
 - For a “transient” patient who happens to stay > 30 days: CMS will expect a transfer-in event to be recorded on the next month’s PAR.
- 6) For a new patient who dialyzes < 30 days and expires: CMS will expect both 2728 and 2746 forms from your facility, even if the patient dialyzed only one time.
- 7) For a patient who transfers in on a permanent basis, dialyzes < 30 days and expires: CMS will expect the 2746 form from the unit to which the patient transferred.



ESRDData LINKS

Information for those reporting ESRD data to Renal Network 11

Summer 2011

CMS-2728 Form Assistance



Field #2: Medicare Claim Number—if “Medicare” is checked in field #12: Current Medical Coverage, please provide a Medicare Claim Number in field #2. If the patient does not have Medicare, please leave field #2 blank.

Field #11: Is patient applying for ESRD Medicare coverage?—even though a person may already have general Medicare coverage, they may still need to apply for ESRD coverage. Please select yes if the patient is applying for the ESRD portion of Medicare coverage. Note: Checking “No” will not prohibit them from applying at a later date.

Fields #18a-c: Prior to ESRD Therapy—there are a few different versions of the 2728, some of which do not have a “<6 month timeframe” available. If you are using an older version that does not have this option available and you need to indicate a <6 month timeframe, you may just handwrite in “<6 months” next to the question. You may find the newest version of the form on our website at: http://www.esrdnet11.org/assets/pdf/data_team/CMS_FORM_2728.pdf.

Field #24: Date Regular Chronic Dialysis Began—this should be the date the patient started a regular chronic course of dialysis, regardless of setting. For example, if a patient is deemed chronic and starts dialysis in the hospital before arriving to your outpatient facility, please use the date the patient started dialyzing in the hospital.

Network 11 Data Contacts

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