

# REMIS



## Renal Management Information System **USER GUIDE**

**July 2003**



Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Clinical standards and Quality  
Information Systems Group

# REMIS User Guide

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# REMIS

## Renal Management Information System

### INTRODUCTION

#### Overview

The July 2003 release of the Renal Management Information System (REMIS) is the replacement for the Renal Beneficiary and Utilization System (REBUS). As of July 14, 2003, REBUS is no longer available for processing.

REMIS determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access information in the ESRD Program Management and Medical Information System Database. REMIS is used by CMS and the renal community to perform their duties and responsibilities in monitoring the Medicare status, transplant activities, dialysis activities, and Medicare utilization (inpatient and physician-supplier bills) of ESRD patients and their Medicare providers.

To allow time to verify the operation of the new system, REMIS has been a phased in implementation. The 'Medicare Secondary Payer' (MSP) release of REMIS has been available since December 2002. There are currently more than 350 users defined to REMIS, mostly MSPs. The MSP release of REMIS was read-only. The data was refreshed monthly, with the currency date displayed on the REMIS home page.

With this release, REMIS provides secure, role-based access to current ESRD Patient and Facility data. REMIS calculates Medicare ESRD coverage periods for renal patients and includes operational interfaces to the SIMS Central Repository and the Medicare Enrollment Database (EDB). This release also introduces sophisticated data quality problem resolution support.

CROWN/REMIS will improve the efficiency, timeliness, reporting and reliability of ESRD data

#### Purpose

The purpose of this user guide is to provide users with operating instructions for the July 2003 release of REMIS.

### GETTING STARTED

#### Connecting to REMIS

Connection to REMIS requires several elements that must be in place prior to any attempt to connect. These items are: 1.) For 'dial-up users', AT&T Global Network Services

(AGNS) user ID and password; 2.) A CMS user ID and password; 3.) Registration with the Iowa Foundation for Medical Care (IFMC) as a REMIS user.

The following instructions provide information on obtaining, configuring, and using each of these components to connect to REMIS. CMS users have a static connection to the server and should ignore references to AGNS accounts and procedures.

## **Registering with IFMC**

Call the QualityNet Help Desk at 866-288-8912. The Help Desk will open a trouble ticket and start the process for registration. This process may take two to three weeks and involves providing documentation to IFMC verifying your identity. A CMS employee will send you the required paperwork and instructions.

## **Obtain AGNS Access and a CMS user ID**

Users should visit the web site [www.cms.hhs.gov/mdcn/access.pdf](http://www.cms.hhs.gov/mdcn/access.pdf) to obtain the CMS user ID request form. If you already have a CMS user ID, enter your ID in the field in the upper right corner and check the change box in the type of request field. If you are a new CMS user, check the add box in the type of request field. Check the appropriate box in the **User Information** field. Complete the information in fields a – h. The application name is ‘REMIS’. Check the (P) box for production server and the (R) box for remote access. CMS employees need only check the (P) box; remote access is not necessary. Sign the form indicating that you’ve read the Privacy Act statement and send the form to your CMS Project Officer or local CMS RACF administrator for approval.

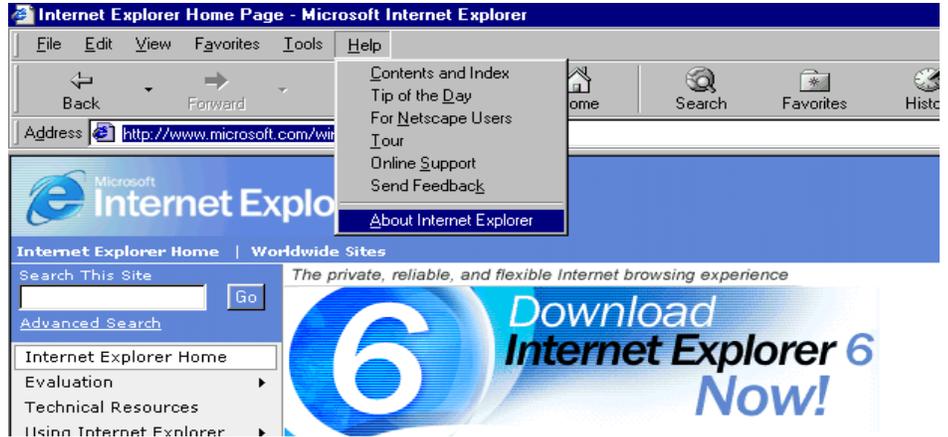
## **Microsoft Internet Explorer Browser**

You will need a current version of Microsoft Internet Explorer, version 5.5 or newer, in order to access REMIS. You can download Internet Explorer from the Microsoft website: <http://www.microsoft.com/downloads/search.asp> . This Web site also has helpful hints, security patches and other items that may be of interest. In most cases, the default setup for this software is acceptable. Individuals experiencing connectivity problems with the default settings should contact the QualityNet Help Desk at 866-288-8912.

If you are unsure as to which version of Internet explorer is currently installed on your workstation, please use the following method to find out:

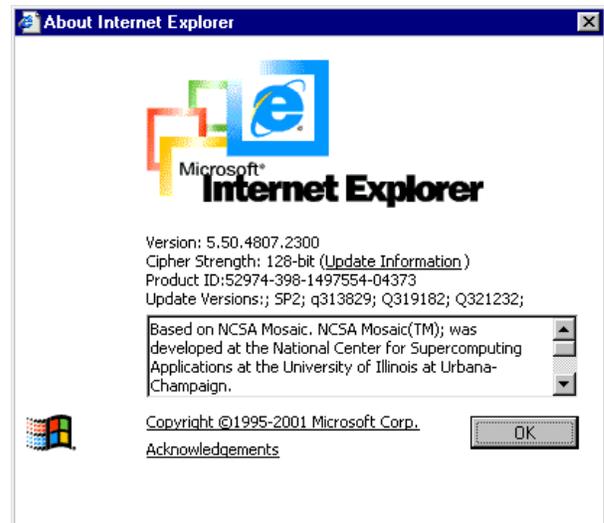
Select the 'Help' menu.

Then choose 'About Internet Explorer'.



You should then see the following screen:

Once you have determined the version, you may close this window by clicking on the 'OK' button.



### Connecting to REMIS using your AT&T Global Services user ID and password

AGNS offers two methods for users to connect to REMIS, these are dial-up and leased line. A dial-up account, while less expensive than the leased line option, provides a slower connection to the network. The leased line alternative provides organizations with a permanent secure connection to REMIS and higher data transmission speeds. As indicated this option is more expensive. The selected method of connection will affect the procedure each user performs.

### Connecting to REMIS through AGNS with a leased line account

With this type of connection, the user has a permanent secure connection to REMIS, and is **not** required to enter their AGNS User ID and password each time a session is initiated. Users with this type of connection, and CMS users, should proceed to section V of this document and continue with the instructions for logging into REMIS.

### Connecting to REMIS through AGNS with a dial account

With this type of connection, the user must establish connectivity to REMIS on a per session basis. This is done through the use of the AT&T Global Dialer software. Using this AT&T supplied software, the user will dial up a local host and enter in his/her AT&T user ID and password to connect to the REMIS server. These login IDs are managed by a local account representative. Users who do not know or have forgotten their AT&T Global Dialer **password** should contact the AT&T support desk at **888-212-6036**. You will need to supply your account number to have your password reset.

Users with this type of account, who do not already have the dialer software configured on their machine, should refer to the **Dial-up Installation Instructions** at the CMS website: <http://www.cms.hhs.gov/mdcn/>. The dialer software can be obtained at the ATT web site: <ftp://ftp.attglobal.net/pub/client/win32/setup4266.exe> Note: later versions of the dialer are not currently supported.

If you already have the dialer software installed and active on your machine, you should proceed to section V for REMIS logon procedures.

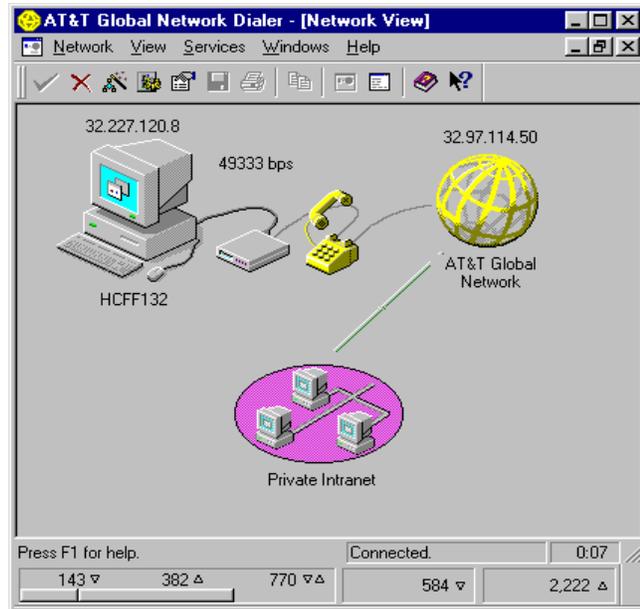
### Using the AT&T Global Dialer

1. Start the AT&T Global Dialer software. You will see the Login screen shown here. If you do not know or have forgotten your password you must call AT&T to have it reset. That number is 888-212-6036. Type in your AT&T Global Dialer password and click on **Connect**.



After connecting, if a newer version of the Dialer or the telephone list is detected, it will be downloaded. If so, wait for completion before continuing. When it completes, click **OK** in the dialer window.

2. Next you will see the AT&T Global Dialer Network View window shown here. Click on **Private Intranet**.



Next you will see a window displaying shortcuts to various sites within the network. One of these shortcuts should be labeled REMIS. Double click on the REMIS shortcut to initiate a browser session and go the REMIS login screen. See the instructions below if you do not have a shortcut.

## Accessing REMIS

These instructions assume that the user is a CMS user or has established a connection via AGNS using a leased-line connection or by using the global dialer software.

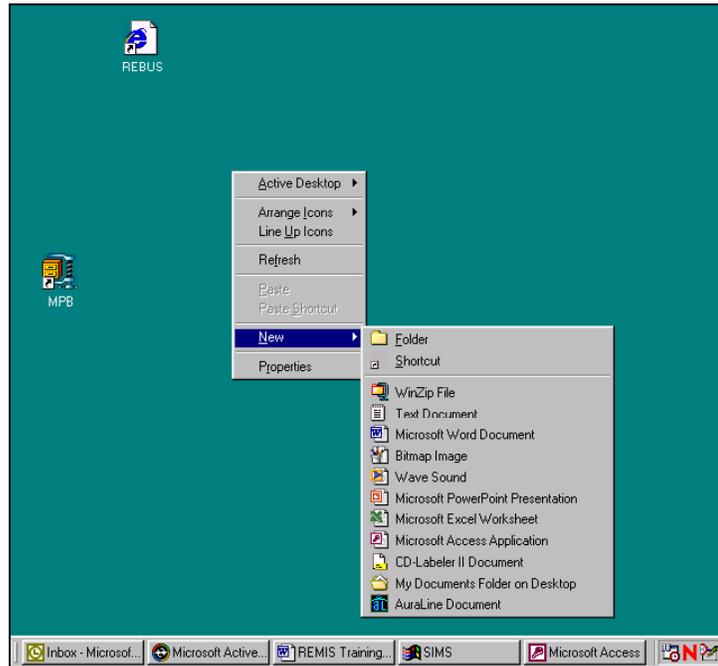
### Logging into REMIS

Double click on the shortcut entitled REMIS; setup instructions follow. This step will start the browser software and connect you with the REMIS server. Enter the assigned username and password.

### Setting up a shortcut

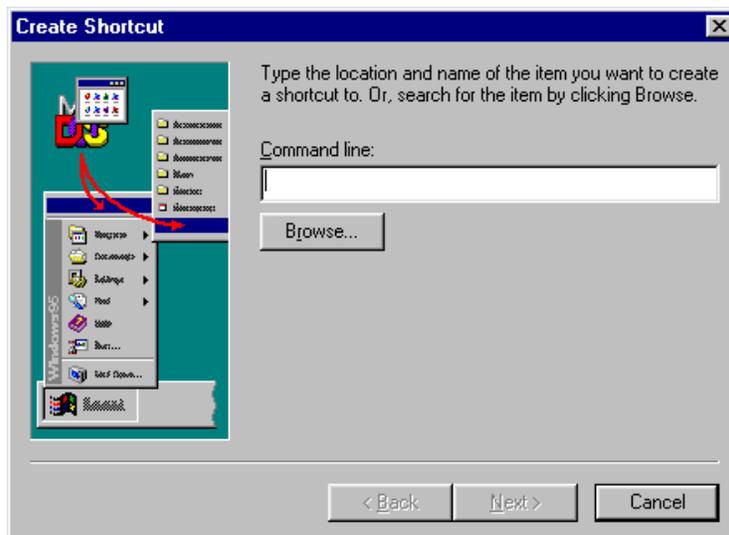
If you do not see a REMIS shortcut you will have to create one. To do this, dialup users right **click** in the white space of the Private Intranet sites screen, or, leased line or CMS

users, an area of the desktop workspace near the icons for other applications, then select **new** and then select **shortcut** from the pop up menu.



In the field labeled “**Type the location of the item**” on the next screen you see, type in the REMIS URL address and click on **Next**.

The REMIS URL is [http://32.82.41.129:7777/pls/remisprod/remis\\_menu\\$.startup](http://32.82.41.129:7777/pls/remisprod/remis_menu$.startup) (there is an underscore between remis and menu\$).

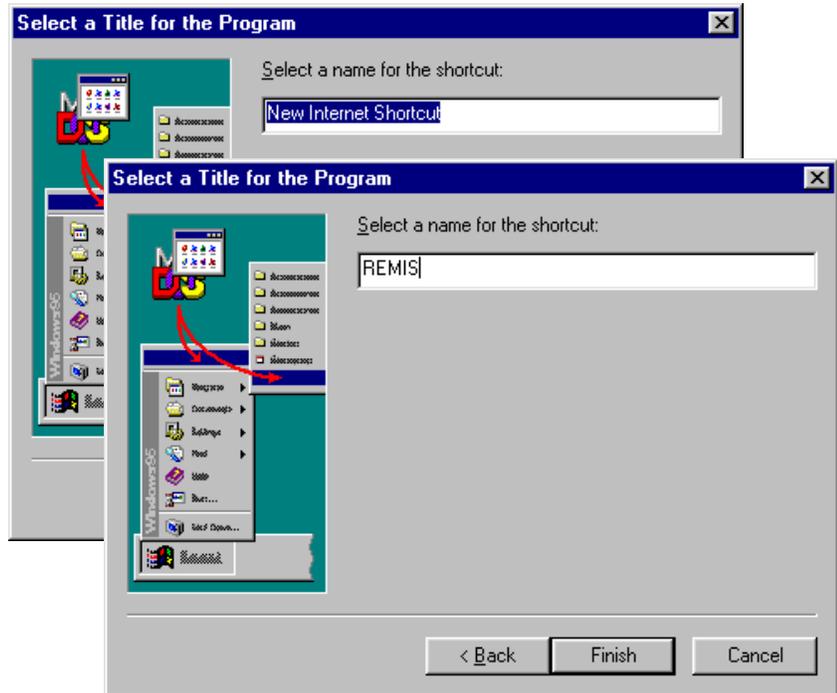


Once this action has been performed, a window will be opened that will ask for information regarding the shortcut the user wishes to make.

For this shortcut, REMIS is the appropriate name.

After this has been completed, the user can click the 'Finish' Button.

Now a new shortcut will appear on the desktop that will open the REMIS application.



## Login Screens

When the you try to enter REMIS, you will be prompted to enter a User Name and Password. Enter your CMS UserID and Password.



NOTE: The **first time** you enter REMIS your temporary password will be the last six digits of your Social Security Number. You will be prompted to change your password. In the Current Password box, type your existing password (i.e., the last six digits of your

Social Security Number). In the New Password box, type your new password. In the Verify Password box, type your new password again. Click OK.

Be sure to keep your REMIS password secret. Do **not** share it with anyone. Memorize your password. Do **not** post it on your workstation.

After the Log In has been completed, REMIS should open in an Internet browser.

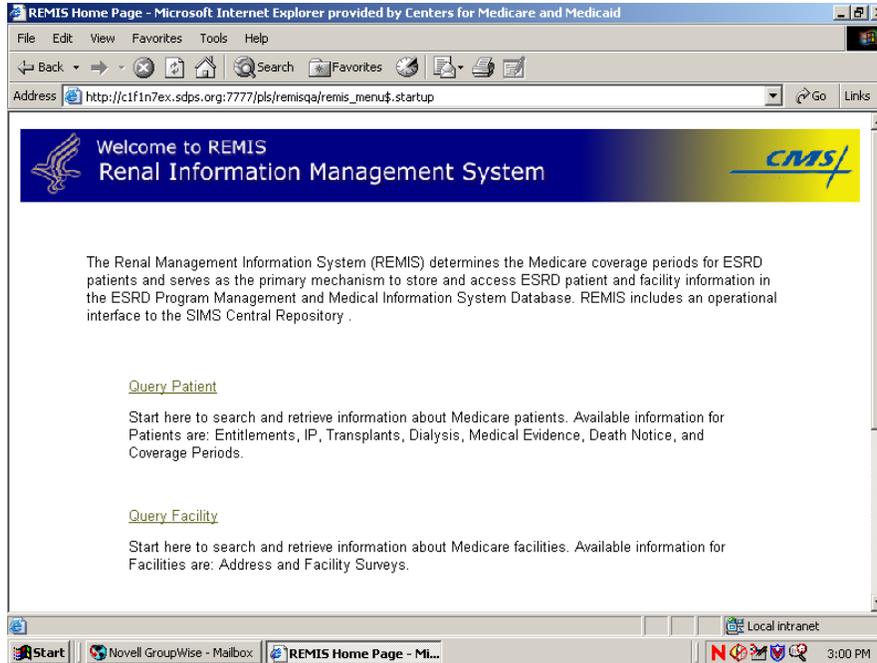
### **REMIS Role-Based Access:**

The data you are able to access in REMIS is based upon the privileges assigned to you by your CMS Project Officer or local RACF Administrator. REMIS supports the following roles:

- Data Administrator – Full REMIS read privileges; Metadata / Code Tables /Web Privileges maintenance
- REMIS Operational – Full REMIS read privileges; REMIS User Interface Administration support
- ESRD Senior Analyst – Full REMIS read privileges with some create/update privileges (i.e., Transplants); Data Quality / problem resolution; limited to Division of ESRD Systems and Contract Management (DESCM) senior level personnel
- ESRD Analyst Level 1 – Full REMIS read privileges with some create/update privileges (i.e., Transplants); primarily CMS Central Office and ESRD Network personnel.
- ESRD Analyst Level 2 – Full REMIS read privileges; primarily CMS Central Office and Regional Office personnel and USRDS
- MSP – Limited REMIS read privileges; primarily to support Medicare Secondary Payers

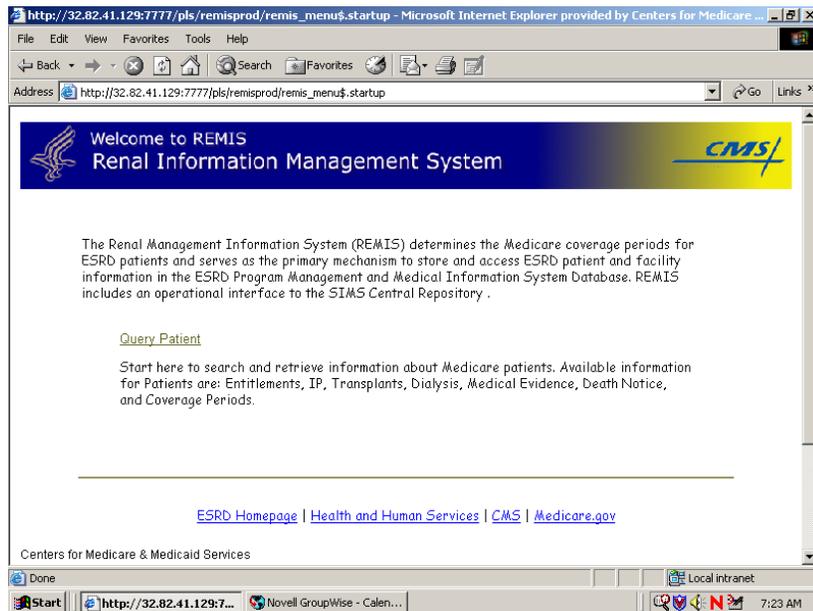
## NAVIGATING REMIS

The REMIS home page for most REMIS Users appears like this:



The REMIS home page for MSP Users appears like this:

Click on 'Query Patient'.



## Patient Master Query

When you select the ‘**Query Patient**’ hyperlink on the REMIS home page, you will see Patient Master Query screen. The blue panel on the left side of the screen contains the menu. The menu will change as your queries process.

You can also go to the Patient Master Query screen by clicking on the ‘**Patient**’ hyperlink on the left hand menu panel of most REMIS screens.

## **Patient Master Query Screen**

The Patient Master Query screen provides user-friendly input fields for entering your search criteria to search for patient information.

The fields can be selected either by clicking on them with a mouse, or by using the keyboard’s ‘TAB’ key to move from field to field.

After selecting the appropriate field(s) and entering query search criteria, you can click on the ‘**Query**’ button to run the search.

**Patient Master Query**

Search Number :  Enter either Claim Num, Xref Num, SSN for search number.

Last Name :  First Name :

Gender :  Provider :

Sims UPI :  Network Code :

Birth Date :  CAL to  CAL

Death Date :  CAL to  CAL

Query Reset

The fields on the Patient Master Query screen are commonly used ESRD fields for patient reference. *See Helpful Hints, regarding the use of wildcards when entering your search criteria.*

- **Search Number:** The nine-digit search number. You may use wildcards. (All records having the requested search number in the Claim Number, Cross Reference Number, or Social Security Number fields will be returned.)

**Patient Master Query**

**Search Number :**  Enter either Claim Num, Xref Num, SSN for search number.

- **Last Name:** The last name of the patient. You may use wildcards.
- **First Name:** The first name of the patient. You may use wildcards.
- **Gender:** The gender of the patient. The **Gender** field is a list box control that includes the choices for the user

**Gender :** Female

**Sims UPI :**

**Birth Date :**

**Death Date :**

- **Provider:** The CMS provider number of the ESRD Facility of the patient. You may use wildcards.
- **SIMS UPI:** The SIMS ESRD Network database Unique Patient Identifier. You may use wildcards.
- **Network Code:** The ESRD Network number of the patient.
- **Birth Date:** The date of birth for the patient.
- **Death Date:** The date of death of the patient.

Click on the [CAL](#) hyperlink beside each date field and select a date from the pop up calendar window.

**Birth Date :**  [CAL](#)

**Death Date :**  [CAL](#)

Query Reset

Calendar: Birth Date

Close

June 2003

<< < Today > >>

Su	Mo	Tu	We	Th	Fr	Sa
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

03... Patient Master Query - ... Calendar: Birth Date ...

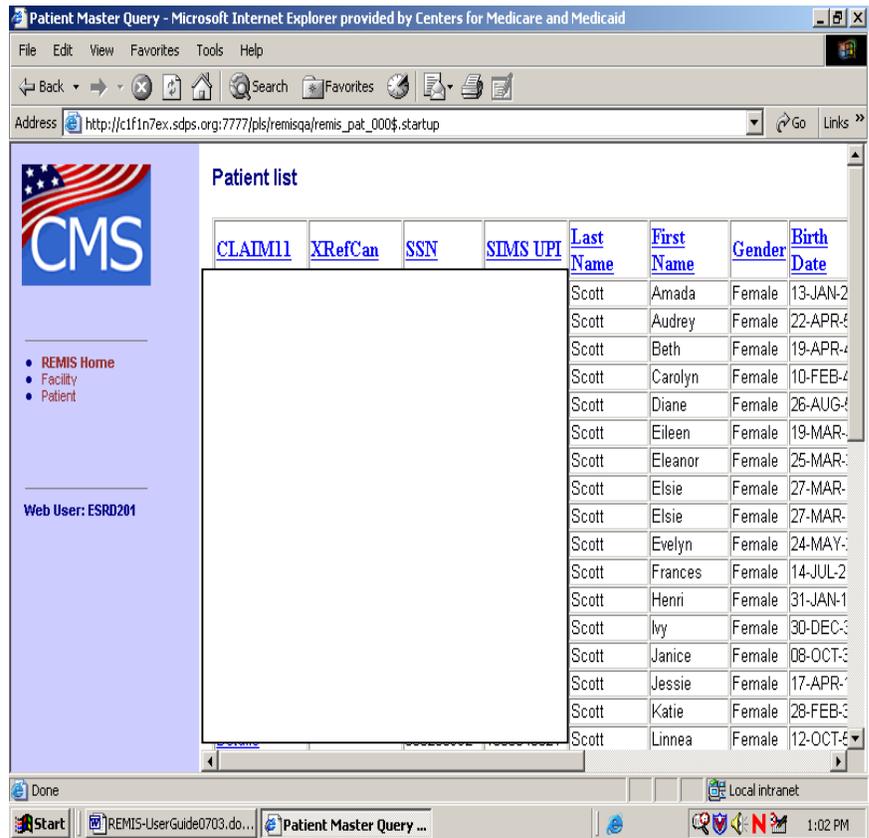
- **Query Button:** The query button starts the search for the patient.

- **Reset Button:** The reset button clears the fields of the current query.  
**Patient List**

After you have entered the search criteria and clicked the ‘**Query**’ button, the system will return a list of matching patients.

The ‘Patient list’ includes all of the patients that meet the search criteria entered.

Click on the ‘**Claim11**’ hyperlink to view the detailed information of the selected patient.

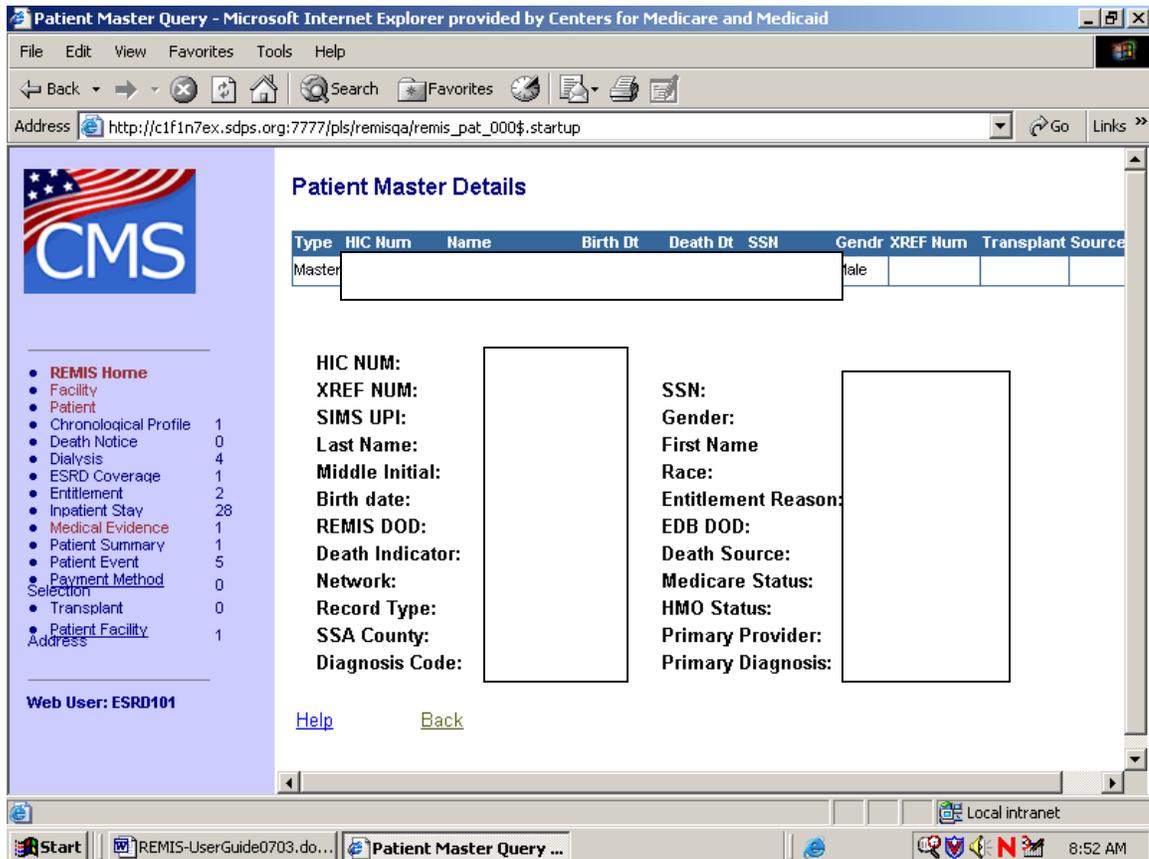


## Patient Master Details

The REMIS Patient Master Details features detailed information about the selected patient. Depending on your REMIS Role, information displayed on the Patient Master Details include:

- **HIC NUM:** Health insurance claim number.
- **XREF NUM:** Patient Cross-Reference Number.
- **SSN:** Social Security Number.
- **SIMS UPI:** SIMS unique patient identifier.
- **Gender:** Patient's gender.
- **Last Name:** Patient's last name.
- **First Name:** Patient's first name.
- **Middle Initial:** Patient's middle initial.

- **Race:** Patient's Race
- **Birth Date:** Patient's date of birth.
- **Entitlement Reason:** Reason for Patient's entitlement to Medicare
- **REMIS DOD:** REMIS date of death.



- **EDB DOD:** EDB date of death.
- **Death Indicator:** Indicates whether patient is deceased.
- **Death Source:** Source of death notification.
- **Network:** Network number.
- **Medicare Status:** Medicare Status Code
- **Record Type:** REMIS Record Type (Patient Master or Alias)
- **HMO Status:** Patient's HMO participation.
- **SSA County Code:** SSA County Code for Patient's Residence from the EDB.
- **Primary Provider:** Primary provider of renal services.
- **Primary Diagnosis Code:** ICD-9-CM code plus letter code for the primary cause code of ESRD for the Patient.
- **Primary Diagnosis:** Primary cause of ESRD.
- Press Help for information about the fields on the Patient Master Details screen.
- Press Back to return to the Patient List

## Alias Records

Two types of records are included on the Patient List: Patient Master Records and Alias Records. There is one Patient Master Record for each patient in REMIS. The six patient identification fields are: Health Insurance Claim Number (CLAIM11); the patient's own Social Security Number (SSN); Last Name; First Name; Gender; and Birth Date. On the Patient Master the values for the six fields match the values for the corresponding fields in SIMS. Where the values in the six patient identification fields exactly match in SIMS, and the EDB, the associated data clearly belong to the same patient; there is one entry for the patient in the Patient List – the Patient Master.

Where there is a slight difference in the values for the six patient identification fields on the Patient Master (which matches SIMS) and what is in the corresponding fields on the Medicare enrollment Database (EDB); **and where it is determined that they identify the same patient**; an alias record is built containing the values for the six patient identification fields as they appear on the EDB. In this situation, there are two entries for the patient in the Patient List – the Patient Master and the Alias.

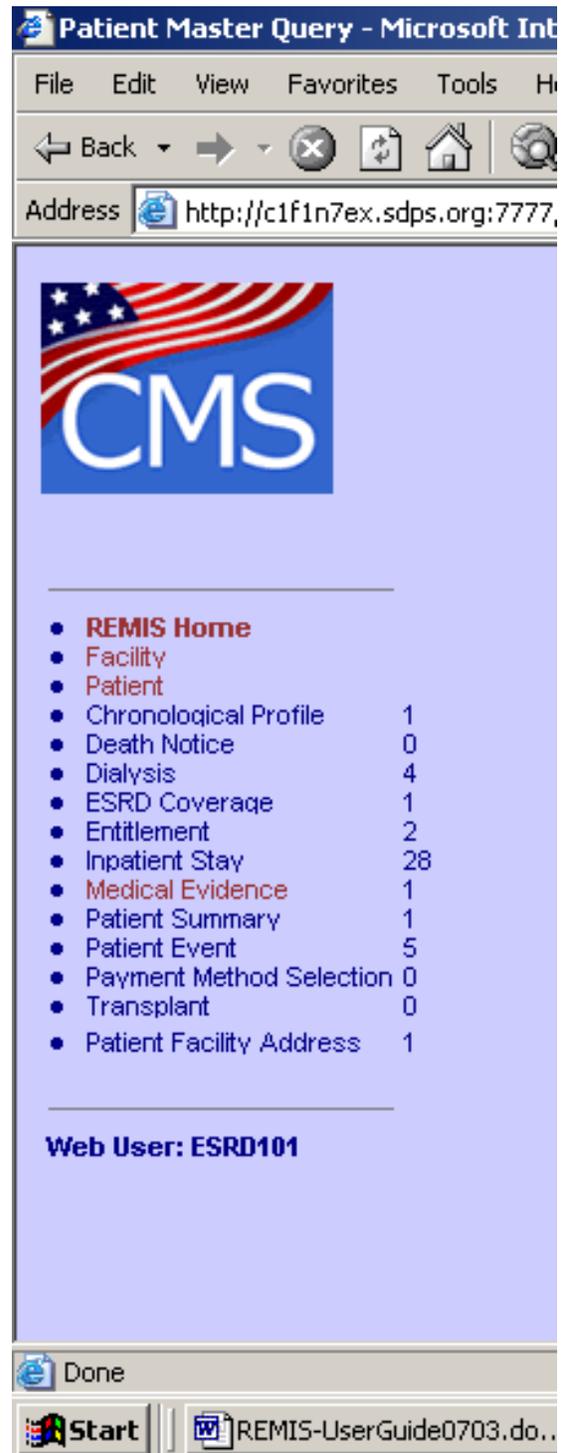
If you click on the 'Claim11' hyperlink associated with the Patient Master of a particular patient or if you click on the 'Claim11' hyperlink associated with the Alias of the same patient you will go to the same Patient Master Details screen and associated menu items.

CLAIM11	XRefCan	SSN	SIMS UPI	Last Name	First Name	Gender	Birth Date	REMIC DOD	EDB DOD	Net work	Record Type	Primary Provider
								12-SEP-01	12-SEP-01	14	Parent Master	452779
								06-APR-98	06-APR-98	14	Parent Master	452563
											Alias	
										14	Parent Master	452821
										14	Parent Master	452665
										14	Parent Master	450061
										14	Parent Master	452579
										14	Parent Master	452510
										17	Parent Master	052651
										11	Parent Master	232519
											Alias	

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gendr	XREF Num	Transplant Source
Master						Male		
Alias						Male		

## Patient Details Menu

*Note that the menu on the left side of the screen changed when the 'Patient Master Details' was displayed. There are now more menu choices for viewing additional information about the selected patient. The items displayed are based on your REMIS role. Each is a hyperlink to additional information. The numbers indicate how many entries of each type exist for the patient.*



## Chronological Profile

The Patient Chronological Profile screen displays the principal dates associated with the patient's renal illness, in order by date. These include the fields:

- **Source:** This shows the source of the information. The more common sources are: MAST=Patient Master, STATS=Patient Statistics, EVENT=Patient Event, MED=Medical Evidence, ENTITL=Medicare Entitlement, CRVG=ESRD Coverage, DIAL=Dialysis, IP=Inpatient, METH=Payment Method Selection, TRAN=Transplants, TXFU=Transplant Follow-Ups, and DN=Death Notices.
- **Date:** The date of the occurrence for this patient
- **Details:** Descriptive information about the occurrence

A Patient Chronological Profile screen:

**Patient Chronological Profile**

Type	HIC Num	Name	Birth Dt	Death Dt	SSM	Gendr	XREF Num	Transplant Source
MAST						Female		

Source	Date	Details
MAST		Born
ENTITL		.....Enrolled, Medicare PART- B
ENTITL		.....Enrolled, Medicare PART- A (DIB)
DIAL		1 Dx Sess (Prov: 230128): Hemo
STATS		First ESRD Service (Dialysis, Earliest billed DX session)
IP		Dmii oth unctrlid, Bone involv in oth dis, Cellulitis of foot, Chronic ulcer of leg*, Dmi renal unctrlid (Prov: 230053)
DIAL		4 Dx Sess (Prov: 230053): Hemo (IP)
IP		Exc wound debridement
IP		Insert vasc access dev
IP		Hemodialysis
IP		Discharged
DIAL		1 Dx Sess (Prov: 232505): Hemo
IP		Dmi circ nt unctrlid, Chronic ulcer of leg*, Gangrene, Hy ht/ren nos w ren fail, Lower extremity embolism (Prov: 230104)
DIAL		9 Dx Sess (Prov: 230104): Hemo (IP)
IP		Contrast arteriogram-leg
IP		Toe amputation

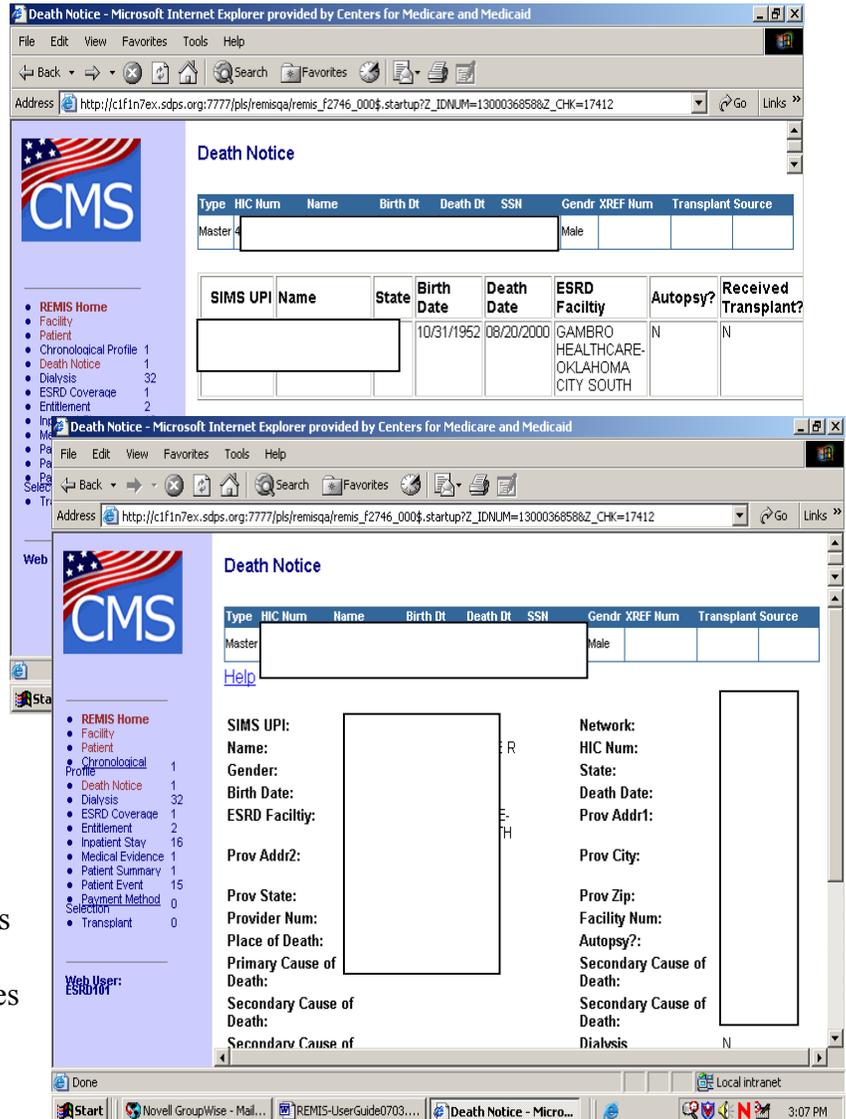
## Death Notice

The Patient Death Notice screens show any associated Death Notice forms (CMS-2746) in the SIMS Central Repository.

Click on the hyperlink that is the SIMS UPI to see the details from the patient's 2746 form.

The details displayed include:

- **SIMS UPI:** This field indicates the SIMS unique patient identifier of patient.
- **Network:** This field indicates the network number of the ESRD network submitting this patient's 2746.
- **Name:** This field indicates the patient's current legal name.
- **HIC Num:** This field indicates the patient's current health insurance claim number
- **Gender:** This field contains the patient's gender.
- **State:** This field contains the patient's state of primary residence at the time of 2746 filing.
- **Birth Date:** This field indicates the patient's date of birth
- **Death Date:** This field indicates the patient's date of death.
- **ESRD Facility:** The field indicates the name of the dialysis provider where the patient was receiving care at the time of 2746 filing.
- **Prov Addr1:** This field indicates the street address of the provider submitting the 2746 form for this patient.
- **Prov Addr2:** This field indicates the street address 2 of the provider submitting the 2746 form for this patient.
- **Prov City:** This field indicates the city of the provider submitting the 2746 form for this patient.



- **Prov State:** This field indicates the state of the provider submitting the 2746 form for this patient.
- **Prov Zip:** This field indicates the zipcode of the provider submitting the 2746 form for this patient.
- **Provider Num:** This field indicates the Medicare assigned dialysis provider number where the patient is receiving care at the time of 2746 filing.
- **Facility Num:** This field contains the network assigned code for each unique facility.
- **Place of Death:** This field indicates the location at which this patient expired.
- **Autopsy?:** This field indicates whether or not an autopsy was performed on this patient.
- **Primary Cause of Death:** This field indicates the primary cause of death.
- **Secondary Cause of Death:** This field indicates a secondary cause of death for this patient.
- **Secondary Cause of Death:** This field indicates a secondary cause of death for this patient.
- **Secondary Cause of Death:** This field indicates a secondary cause of death for this patient.
- **Secondary Cause of Death:** This field indicates a secondary cause of death for this patient.
- **Dialysis Discontinued?:** This field indicates if renal replacement therapy was discontinued prior to this patient's death.
- **Dialysis Stopped Reason:** This field indicates the reason that renal replacement therapy was discontinued.
- **Received Transplant?:** This field indicates whether or not this patient received a kidney transplant prior to his/her death.
- **Transplant Date:** The field indicates the date of the most recent kidney transplant.
- **Kidney Functioning?:** This field indicates whether or not the kidney transplant was functioning at the time of death.
- **Physician's Last Name:** This field indicates the last name of this patient's physician.
- **Physician's First Name:** This field indicates the first name of this patient's physician.
- **Signed Date:** This field indicates the date the 2746 form was signed.
- **Signed Form?:** This field indicates whether or not the 2746 form was signed.

## Dialysis

This screen displays the Quarterly Dialysis Summary information relevant to the patient. Includes dialysis type, dates of treatment, and EPO information. The record also contains aggregated information by provider for all dialysis claims received during a quarter.

- **From Date:** From date of this Dialysis period.
- **To Date:** To date of this Dialysis period.
- **Provider ID:** Provider identification number.

- **Type:** Type of dialysis received (e.g., Hemo, IPD, CCPD, CAPD, etc.).
- **Setting:** The type of place where patient had dialysis (e.g., Home, Dialysis Facility, etc.).
- **Year:** Year dialysis performed, as indicated on the dialysis record.
- **Qtr:** Calendar quarter when dialysis occurred, as indicated on the dialysis record.
- **Sessions:** Number of dialysis sessions.
- **Charge:** Total dialysis charges aggregated for this period.
- **Bill:** Code indicating how dialysis summary was created (inpatient bills, outpatient bills, etc.).
- **EPO First Dosage:** Date first administered EPO.
- **EPO Charges:** Patient EPO charges.
- **EPO Admin:** Number of EPO administrations patient received.

A Dialysis Quarterly Summary screen:

**Dialysis Quarterly Summary**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gender	XREF Num	Transplant Source
Maste						Male		15-APR-92

[Help](#)

From Date	To Date	Provider ID	Type	Setting	Year	Qtr	Sessions	Charge	Bill
10/06/1997	11/02/1997	230130	Hemo	Hospital Inpatient	1997	4	6	5211	Create from Inpatie bill
10/01/1997	10/05/1997	230130	CAPD	Home	1997	4	5	291	Create from Outpat bill
08/27/1997	09/24/1997	230130	Hemo	Hospital Inpatient	1997	3	8	3195	Create from Inpatie bill
07/01/1997	09/30/1997	230130	CAPD	Home	1997	3	63	3666	Create from

Web User: ESRD101

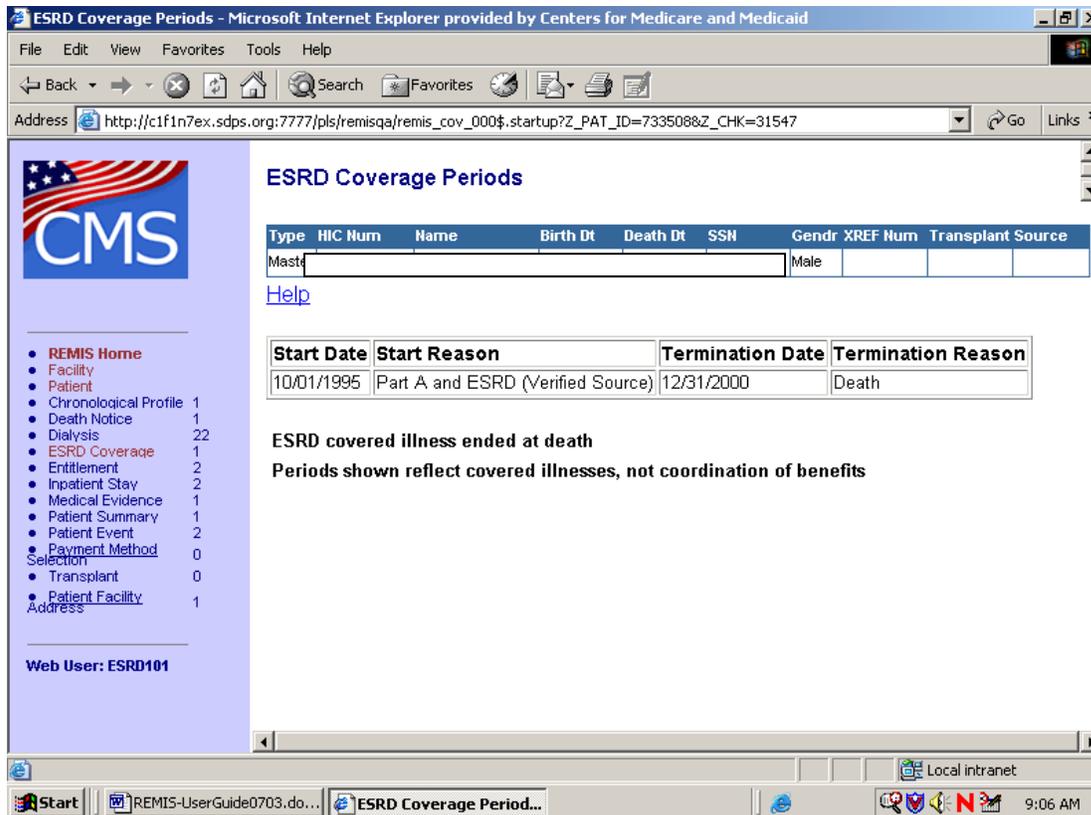
## ESRD Coverage

End-Stage Renal Disease (ESRD) coverage information for a renal beneficiary.

- **Start Date:** Coverage start date.

- **Start Reason:** Reason surrounding the initiation of ESRD coverage for this beneficiary.
- **Termination Date:** Date ESRD coverage recorded as being terminated for this Beneficiary.
- **Termination Reason:** Reason for the termination of ESRD coverage for this beneficiary.

An ESRD Coverage Periods screen follows:



## Entitlement

Displays general patient Medicare entitlement information (Type, Start and Termination Date). Additional information concerning specific renal and entitlement-related events is also presented.

- **Part:** Patient's entitlement is part A or part B (or both).
- **Start Date:** Date the entitlement began for the patient.
- **Termination Date:** Date entitlement period set to end for the patient.
- **Current Entitlement Reason:** Current reason patient entitled to Medicare benefits.
- **Original Entitlement Reason:** Original reason for patient's entitlement to Medicare benefits.
- **Medicare Status Code:** Reason for Medicare entitlement as of a point of time.
- **Most Recent Setting:** Most current service setting for this patient.

- **Most Recent DX Date:** Most current Dialysis Date for this patient.
- **Dialysis First Date:** First date of dialysis recorded for this patient.
- **Dialysis First Date Source:** The source of first date of dialysis recorded for this patient.
- **Most Recent Transplant Date:** Date of latest known transplant for this patient.
- **Most Recent Transplant Status:** Last known status of the transplant.
- **Number of Transplants:** Number of transplants this patient has received.
- **First ESRD Service:** Earliest known ESRD service (Dialysis or Transplant) provided to this patient.
- **Is Patient Enrolled in an HMO?:** Indicates whether the patient is (or has ever been) enrolled in an HMO.

A Medicare Entitlement Screen:

**Medicare Entitlement**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gendr	XREF Num	Transplant Source
Mast						Female		

[Help](#)

Part	Start Date	Termination Date
Part A	12/01/1995	
Part B	02/01/1996	

**Current Entitlement Reason:** OASI  
**Original Entitlement Reason:** OASI  
**Medicare Status Code:** Aged with ESRD  
**Most Recent Setting:** IN-CENTER STAFF-ASSISTED HEMODIALYSIS  
**Most Recent DX Date:** 08/18/1998  
**Dialysis First Date:** 06/17/1998  
**Dialysis First Date Source:** Earliest billed DX session  
**Most Recent Transplant Date:**  
**Most Recent Transplant Status:**

## Inpatient Stay

Each record represents a hospital stay for a beneficiary who was hospitalized for more than one day. A beneficiary may have more than one inpatient stay record depending on the number of stays.

- **Start Date:** Date patient entered hospital, as indicated on the Inpatient Stay record.
- **End Date:** Last day of patient's stay at the hospital for this inpatient event.
- **Provider:** Provider identification number.
- **Dialysis Indicator:** Indicates whether the patient received dialysis treatment during this stay.
- **Diagnostic Type Code:** Diagnostic code(s) recorded for this stay, if applicable.
- **Surgery Code:** Surgery code(s) recorded for this stay, if applicable.

An Inpatient Stay Screen with associated Diagnostic Type and Surgery Codes Screens:

The screenshot displays three overlapping web browser windows from the Centers for Medicare and Medicaid (CMS) system. The top window shows the 'Inpatient Stays' screen, which includes a patient selection table and a list of stay records. The middle window shows the 'Diagnostic Type Codes' screen, displaying a table of codes and their descriptions. The bottom window shows the 'Surgery Codes' screen, displaying a table of codes, dates, and descriptions.

**Inpatient Stays Screen:**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	GenDr	XREF Num	Transplant Source
Master								
Alias								

Start Date	End Date	Provider	Dialysis Indicator	Modified By	Diagnostic Type Codes	Surgery Codes
05/22/2001	05/27/2001	050194	YES		<a href="#">Diagnostic Type Codes (5 Rows)</a>	<a href="#">Surgery Codes (3 Rows)</a>
02/22/2000	02/24/2000	050242	YES		<a href="#">Diagnostic Type Codes (5 Rows)</a>	<a href="#">Surgery Codes (3 Rows)</a>

**Diagnostic Type Codes Screen:**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	GenDr
Master						Female
Alias						Female

Diagnostic Code	Description
25040	DMII RENL NT ST UNCNTRLD
41091	AMI NOS, INITIAL
4280	CONGESTIVE HEART FAILURE
51881	ACUTE RESPIRATRY FAILURE
585	CHRONIC RENAL FAILURE

**Surgery Codes Screen:**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	GenDr
Master						Female
Alias						Female

Surgery Code	Surgery Date	Description
9604	05/22/2001	INSERT ENDOTRACHEAL TUBE
9671	05/22/2001	CONT MECH VENT < 96 HRS
3995	05/22/2001	HEMODIALYSIS

## Medical evidence

The medical evidence screens refer to the patient's Form 2728.

The first Medical Evidence screen primarily shows the patient identifiers. Click on the 'SIMS UPI' hyperlink to view the Medical Evidence details.

Note: The number next to each field name on the Medical Evidence screen corresponds to the item numbers on the source Form 2728.

The top screenshot shows the 'Medical Evidence' screen with a table of fields:

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gender	XREF Num	Transplant Source
Master						Female		23-SEP-99

Below the table is a 'SIMS UPI' link and a table of field names:

SIMS UPI	47 - Attending Physician Sign Date	1 - Last Name	1 - First Name	1 - Middle Initial	2 - HIC Num	3 - SSN	6 - Birth Date
							12/18/1958

The bottom screenshot shows the detailed 'Medical Evidence' screen with the following fields:

- SIMS UPI: [Field]
- 47 - Attending Physician Sign Date: [Field]
- 1 - Last Name: [Field]
- 1 - First Name: [Field]
- 1 - Middle Initial: [Field]
- 2 - HIC Num: [Field]
- 3 - SSN: [Field]
- 6 - Birth Date: [Field]
- 4 - Zip Code: [Field]
- 10 - Medical Coverage: [Field]
- 11 - Applying for Medicare?: [Field]
- 11 - SSA Office Addr1: [Field]
- 11 - SSA Office Addr2: [Field]
- 11 - SSA Office City: [Field]

The details displayed include:

- **SIMS UPI:** This field indicates the SIMS unique patient identifier of patient.
- **Attending Physician Sign date:** This field indicates the date the physician signed the 2728.
- **Last Name:** This field indicates the patient's current legal last name.
- **Race:** This field contains the patient's race based on Federal racial categories.

- **First Name:** This field indicates the patient's current legal first name.
- **Ethnicity:** This field contains the patient's ethnicity based on ethnicity categories.
- **Middle Initial:** This field indicates the patient's current legal middle initial
- **Phone:** This field contains the patient's phone number of the primary residence.
- **Suffix:**
- **HIC Num:** This field indicates the patient's current health insurance claim number
- **SSN:** This field indicates the patient's social security number.
- **Gender:** This field contains the patient's gender.
- **Birth Date:** This field indicates the patient's date of birth.
- **Addr1:** This field contains the patient's street address of primary residence at the time of 2728 filing.
- **Addr2:** This field contains the patient's street address 2 of primary residence at the time of 2728 filing.
- **City:** This field indicates the patient's city of residence at the 2728 timing.
- **State:** This field contains the patient's state of primary residence at the time of 2728 filing.
- **Zip Code:** This field indicates the patient's zip code at time of 2728 entry.
- **Medical Coverage:**
  - **Medicaid:** This field indicates whether the patient is receiving state Medicaid benefits at the time of 2728 filing.
  - **VA:** This field indicates whether the patient is receiving medical care from a Department of Veterans Affairs facility.
  - **Medicare:** This field indicates whether the patient is currently entitled to Federal Medicare benefits at the time of 2728 filing.
  - **EGHP:** This field indicates whether the patient receives medical benefits through an employer group health plan that covers employees, former employees, or the families of employees or former employees at the time of 2728 filing.
  - **Other:** This field indicates that the patient is receiving medical benefits under a health insurance plan that is not Medicare, Medicaid, Department of Veterans Affairs, nor an employer group health insurance plan at the time of 2728 filing.
  - **None:** This field indicates that the patient has no medical insurance plan at the time of 2728 filing.
- **Applying for Medicare?:** This field indicates whether the patient is applying for ESRD Medicare.
- **SSA Office Addr1:** This field is the street address for the local social security office.
- **SSA Office Addr2:** This field is a continuation of the street address for the local social security office.
- **SSA Office City:** This field indicates the city that the local social security office resides in.
- **SSA Office State:** This field indicates the state that the local social security office resides in.
- **SSA Office Zip Code:** This field indicates the zip code that the local social security office resides in.

- **Primary Diagnosis:** This field indicates the ICD9 code plus the trailer code for the primary cause of end stage renal disease for this patient.
- **Height:** The field indicates the most recent recorded height of the patient at time of 2728 filing or if an amputee, height before amputation.
- **Weight:** The field indicates the most recent recorded weight of the patient at time of 2728 filing.
- **EPO:** This field indicates whether erythropoietin (EPO) was administered to the patient prior to dialysis treatments or kidney transplant.
- **Employment Status (prior):**
  - **Unemployed:** This field indicates the patient was unemployed 6 months prior to the time of 2728 filing.
  - **Full Time:** This field indicates the patient was employed full time 6 months prior to the time of 2728 filing.
  - **Part Time:** This field indicates the patient was employed part time 6 months prior to the time of 2728 filing.
  - **Homemaker:** This field indicates the patient was a homemaker 6 months prior to the time of 2728 filing.
  - **Retired (age):** This field indicates the patient was retired due to age/preference 6 months prior to the time of 2728 filing.
  - **Retired (Disability):** This field indicates the patient was retired due to disability 6 months prior to the time of 2728 filing.
  - **Medical Leave:** This field indicates the patient was on a medical leave of absence 6 months prior to the time of 2728 filing.
  - **Student:** This field indicates the patient was a student 6 months prior to the time of 2728 filing.
- **Employment Status (current):**
  - **Unemployed:** This field indicates the patient is unemployed at time of 2728 filing
  - **Full Time:** This field indicates the patient is employed full time at time of 2728 filing.
  - **Part Time:** This field indicates the patient is employed part time at time of 2728 filing.
  - **Homemaker:** This field indicates the patient is a homemaker at time of 2728 filing.
  - **Retired (age):** This field indicates the patient is retired due to age/preference at time of 2728 filing.
  - **Retired (Disability):** This field indicates the patient is retired due to disability at time of 2728 filing.
  - **Medical Leave:** This field indicates the patient is on a medical leave of absence at time of 2728 filing.
  - **Student:** This field indicates the patient is a student at time of 2728 filing
- **Co-Morbid Condition:**
  - **Congestive Heath Failure:** This field indicates whether the patient suffers(ed) from congestive heart failure at the time of 2728 filing or within the prior 10 years.

- **Ischemic Heart Disease, CAD:** This field indicates whether the patient suffers(ed) from Ischemic heart disease at the time of 2728 filing or within the prior 10 years.
- **Myocardial Infarction:** This field indicates whether the patient suffers(ed) from Myocardial infarction at the time of 2728 filing or within the prior 10 years.
- **Cardiac Arrest:** This field indicates whether the patient suffers(ed) from cardiac arrest at the time of 2728 filing or within the prior 10 years.
- **Cardiac Dysrhythmia:** This field indicates whether the patient suffers(ed) from cardiac dysrhythmia at the time of 2728 filing or within the prior 10 years.
- **Pericarditis:** This field indicates whether the patient suffers(ed) from pericarditis at the time of 2728 filing or within the prior 10 years.
- **Cerebrovascular Disease:** This field indicates whether the patient suffers(ed) from Cerebrovascular disease, CVA or TIA at the time of 2728 filing or within the prior 10 years.
- **Peripheral Vascular Disease:** This field indicates whether the patient suffers(ed) from Peripheral Vascular Disease at the time of 2728 filing or within the prior 10 years.
- **History of Hypertension:** This field indicates whether the patient suffers(ed) from a history of hypertension at the time of 2728 filing or within the prior 10 years.
- **Diabetes (primary):** This field indicates whether the patient suffers(ed) from Diabetes (primary or contributing) at the time of 2728 filing or within the prior 10 years.
- **Diabetes, curr on Insulin:** This field indicates whether the patient suffers(ed) from Diabetes (currently on insulin) at the time of 2728 filing or within the prior 10 years.
- **Chronic Obs. Pulmonary Dis.:** This field indicates whether the patient suffers(ed) from Chronic obstructive pulmonary disease at the time of 2728 filing or within the prior 10 years.
- **Tobacco Use (current smoker):** This field indicates whether the patient suffers(ed) from tobacco use (current smoker) at the time of 2728 filing or within the prior 10 years.
- **Malignant Neoplasm, Cancer:** This field indicates whether the patient suffers(ed) from Malignant neoplasm/Cancer at the time of 2728 filing or within the prior 10 years.
- **Alcohol Dependence:** This field indicates whether the patient suffers(ed) from Alcohol dependence at the time of 2728 filing or within the prior 10 years.
- **Drug Dependence:** This field indicates whether the patient suffers(ed) from drug dependence at the time of 2728 filing or within the prior 10 years.
- **HIV Positive Status:** This field indicates whether the patient suffers(ed) from HIV positive status at the time of 2728 filing or within the prior 10 years.
- **AIDS:** This field indicates whether the patient suffers(ed) from AIDS at the time of 2728 filing or within the prior 10 years.

- **Inability to Ambulate:** This field indicates whether the patient suffers(ed) from Inability to ambulate at the time of 2728 filing or within the prior 10 years.
- **Inability to Transfer:** This field indicates whether the patient suffers(ed) from Inability to transfer at the time of 2728 filing or within the prior 10 years.
- **Laboratory Values (value – date):**
  - **Hematocrit (%):** This field indicates the hematocrit value for this patient.
  - **Hematocrit (date):** This field indicates the date the hematocrit value was taken for this patient.
  - **Hemoglobin (g/dl):** This field indicates the hemoglobin value for this patient.
  - **Hemoglobin (date):** This field indicates the date the hematocrit value was taken for this patient.
  - **Serum Albumin (g/dl):** This field indicates the serum albumin value for this patient.
  - **Serum Albumin (date):** This field indicates the date the serum albumin value was taken for this patient.
  - **Serum Albumin Lower Limit (g/dl):** This field indicates the serum albumin lower limit of the normal range for the lab that did this patient's test.
  - **Serum Albumin Lower Limit (date):** Serum Creatinine (mg/dl):
  - Serum Creatinine (mg/dl): This field indicates the serum creatinine value for this patient.
  - **Serum Creatinine (date):** This field indicates the date the serum creatinine value was taken for this patient.
  - **Creatinine Clearance (ml/min):** This field indicates the creatinine clearance value for this patient.
  - **Creatinine Clearance (date):** This field indicates the date the creatinine clearance value was taken for this patient.
  - **BUN (mg/dl):** This field indicates the BUN value for this patient.
  - **BUN (date):** This field indicates the date the BUN value was taken for this patient.
  - **Urea Clearance (ml/min):** This field indicates the Urea Clearance value for this patient.
  - **Urea Clearance (date):** This field indicates the date the Urea clearance value was taken for this patient.
- **Dialysis Provider:** The field indicates the name of the dialysis provider where the patient is receiving care at the time of 2728 filing.
- **Dialysis Facility Number:** This field indicates the Medicare assigned dialysis provider number where the patient is receiving care at the time of 2728 filing.
- **Dialysis Setting:** This field indicates the anticipated long term treatment setting for this patient at the time the 2728 is being completed.
- **Dialysis Type:** This field indicates the anticipated long term primary type of dialysis for this patient at the time the 2728 is being completed.
- **Date Dialysis Began:** Date that a regular course of dialysis began for this patient.
- **Date Patient Started at Current Facility:** This field indicates the date this patient started at the dialysis provider listed on the 2728.

- **Date Patient Stopped:** The field indicates the date this patient stopped dialysis therapy.
- **Death Date:** This field indicates the patient's date of death.
- **Transplant Date:** This field indicates the date of this patient's most recent kidney transplant(s) at the time of 2728 filing.
- **Transplant Hospital:** This field indicates the name of the transplant hospital where the patient received a kidney transplant at the time of 2728 filing.
- **TX Hospital Provider Num:** This field indicates the name of the Medicare assigned provider number of the transplant hospital where the patient received a kidney transplant at the time of 2728 filing.
- **Date Patient Admitted:** This field indicates the date the patient was admitted as an inpatient to a hospital in preparation for, or anticipation of a kidney transplant at the time of 2728 filing
- **TX Prep Hospital Name:** This field indicates the name of the hospital where the patient was admitted as an inpatient in preparation for, or anticipation of a kidney transplant at the time of 2728 filing
- **TX Prep Hospital Prov Num:** This field indicates the name of the Medicare assigned provider number where the patient was admitted as an inpatient in preparation for, or anticipation of a kidney transplant at the time of 2728 filing
- **Transplant Status:** This field indicates the status of the transplant at the time of 2728 filing.
- **Date returned to Dialysis:** This field indicates the date the patient returned to regular course of dialysis after a transplant rejection at the time of 2728 filing.
- **Treatment Site:** This field indicates the current dialysis treatment site of this patient after a transplant rejection at the time of 2728 filing.
- **Training Provider Name:** This field indicates the name of the provider furnishing self-care dialysis training at the time of 2728 filing.
- **Training Provider Number:** This field indicates the Medicare assigned provider number of the provider furnishing self-care dialysis training at the time of 2728 filing.
- **Date Training Began:** This field indicates the date self-dialysis training began at the time of 2728 filing.
- **Self Dialysis Training Type:** This field indicates the type of self-dialysis training the patient began at the time of 2728 filing.
- **Training Completion Indicator:** This field indicates whether or not the physician certifies that the patient is expected to complete the training successfully and self-dialysis on a regular basis.
- **Dialysis Training end Date:** This field indicates the date the patient completed or is expected to complete self-dialysis training at the time of 2728 filing.
- **Training Physician Name:** This field indicates the name of attending physician or the physician familiar with the patient's self-care dialysis training at the time of 2728 filing.
- **Training Physician UPIN:** This field indicates the Unique Physician Identification Number (UPIN) of the attending physician or the physician familiar with the patient's self-care dialysis training at the time of 2728 filing.

- **Attending Physician Last Name:** This field indicates the last name of the physician who is supervising the patient's renal treatment at the time of 2728 filing.
- **Attending Physician First Name:** This field indicates the first name of the physician who is supervising the patient's renal treatment at the time of 2728 filing.
- **Attending Physician Phone Num:** This field indicates the phone number of the physician who is supervising the patient's renal treatment at the time of 2728 filing.
- **Attending Physician UPIN:** This field indicates the UPIN of the physician who is supervising the patient's renal treatment at the time of 2728 filing.
- **Attending Physician Signature:** This field indicates whether or not the physician who is supervising the patient's renal treatment at the time of 2728 filing signed the 2728 form.
- **Date Patient Signed:** This field indicates the date the patient signed the 2728.
- **Network Confirmation:** This field indicates whether or not the Network confirmed this patient as ESRD.
- **Network Action Date:** This field indicates the date the Network took action on this 2728 form.
- **Network:** This field indicates the network number of the ESRD network submitting this patient's 2728.
- **ESRD Cert Decision:** This field indicates basis for the decision regarding how the patient was confirmed as ESRD.
- **Remarks:** This field contains any miscellaneous remarks from the bottom of the 2728.
- **Form Received Date:** This field indicates the date the Network received the 2728 form for this patient.
- **Form Transmit Date:** This field indicates the date this 2728 form was transmitted to the Central Repository.

### Patient Summary

The Patient Summary shows nearly all the information pertaining to an ESRD patient. It includes:

- **General Summary Information:**
  - **XREF:** Patient Cross-Reference Number
  - **SSN:** Social Security Number
  - **Network Code:** Network Number
  - **State:** State of this patient
  - **Number of Transplants:** Number of Transplant Records for this patient
  - **Number of IP Stays:** Number of Inpatient Stay Records for this patient
  - **Number of Medical Evidences:** Number of Medical Evidence Records for this patient
  - **Number of DX Quarters:** Number of Dialysis Quarterly Summary Records for this patient
  - **Most Recent Transplant:** Date of most recent Transplant for this patient

- **Most Recent Provider:** Provider Number of Patient's most recent provider.
- **Most Recent Setting:** Most recent setting for this patient.
- **First Renal service:** Date and type of first renal service for this patient.
- **Is Patient Enrolled in an HMO?:** Patient's HMO enrollment indicator.
- **Entitlement Summary:** Medicare Entitlement information for this patient
- **Coverage Information:** ESRD Medicare Coverage information for this patient
- **Death Information:** Death Notice (CMS 2746) information for this patient
- **Dialysis Information:** First dialysis and current dialysis information for this patient.
- **Quarterly Dialysis Information:** Quarterly Dialysis summary information for this patient.
- **Medical Evidence Information:** Medical Evidence information for this patient from form CMS 2728.
- **Inpatient stay Information:** Information regarding Inpatient Stays for this patient.
- **Transplant Information:** Information regarding Transplants for this patient.

## Patient Event

The Patient Event screen lists all of the events recorded for the patient on the SIMS Central Repository.

The details displayed include:

- **SIMS UPI:** This field indicates the SIMS unique patient identifier of patient.
- **Event Date:** This field contains the date of the event.
- **Form Receive Date:** This field indicates the date the form was received reporting this event.
- **Provider:** This field indicates the Medicare assigned dialysis provider number that reported this patient event
- **Event:** This field indicates the type of event that was reported (New ESRD patient, Transfer In, Restart, Dialysis After Transplant, Transfer out for transplant, Transfer out, Discontinue, Death, Recover Function, Loss to Follow Up, Modality Shift, Transplant, Continuing, Transplant Failure)
- **Network:** This field contains the Network number of the Network that processed the event.
- **Modality:** This field indicates the modality of the patient at the time of this event (CAPD, CCPD, Home IPD, Home Hemo, Incenter IPD, Incenter HEMO, Home Assisted Hemo, LRD, LURD, CAD, unknown, Training IPD, Training Hemo, Training CAPD, Training CCPD, In-Center Self)
- **Comments:** This field holds any comments about the reported event.

A Patient Event screen:

**Patient Event**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gendr	XREF Num	Transplant Source
<a href="#">Help</a>								
SIMS UPI	Event Date	Form Receive Date	Provider	Event	Network	Modality	Comments	
1			230053	TRANSPLANT	11	LRD	Converted from ROSE	
1			232506	TRANSFER OUT FOR TRANSPLANT	11	INCENTER HEMO	Converted from ROSE	
1			232506	TRANSFER IN	11	INCENTER HEMO	Converted from ROSE	
1			230122	TRANSFER OUT	11	INCENTER HEMO	Converted from ROSE	
1			230053	TRANSFER OUT	11	INCENTER HEMO	Converted from ROSE	
1			230122	TRANSFER IN	11	INCENTER HEMO	Converted from ROSE	

## ESRD Payment Method Selection

Contains information pertaining to the selected payment method for home dialysis supplies.

- **Option Year:** The year the selected method goes/went into effect.
- **Method Selection:** Indicates if Patient chose Method I (ESRD Facility will supply all the equipment and supplies necessary for me to dialyze at home) or Method II (I will deal directly with one supplier for my home dialysis supplies and equipment).
- **DX Type:** Type of dialysis performed.
- **CWF Host:** Host name where method selection record originated.
- **Provider:** Provider number.
- **Intermediary:** Contractor who keyed the current method selection.
- **Selection Date:** Date the form was signed.
- **CWF Site Code:** Site code where method selection record originated.

An ESRD Payment Method Selection Screen:

**ESRD Payment Method Selection**

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Genr	XREF Num	Transplant Source
Mast						Female		

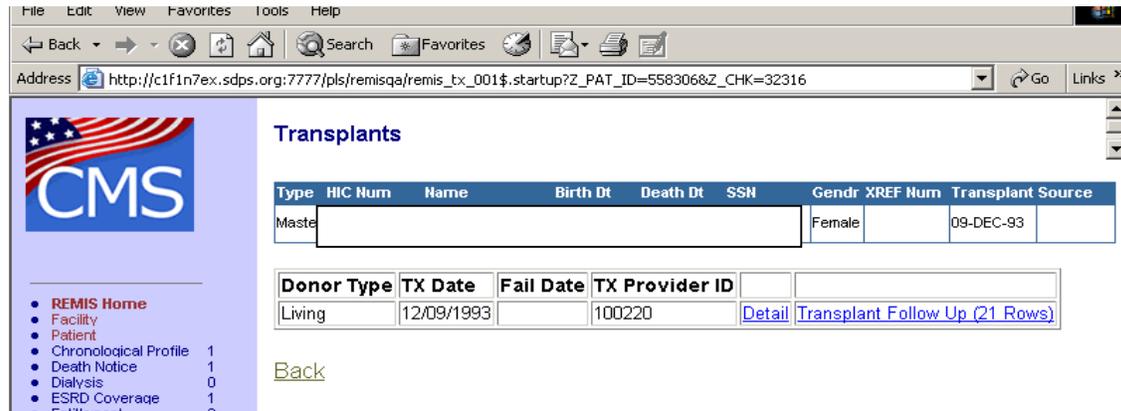
[Help](#)

Option Year	Method Selection	DX Type	CWF Host	Provider	Intermediary	Selection Date	CWF Site Code
1996	Method I	IPD	CA	053506	00040	02/12/1996	2

Web User: ESRD101

## Transplants

From the Transplant screen Transplant details are obtained by clicking on the associated 'Detail' hyperlink. The Transplant Follow-ups are obtained by clicking on the associated 'Transplant Follow-up' hyperlink.

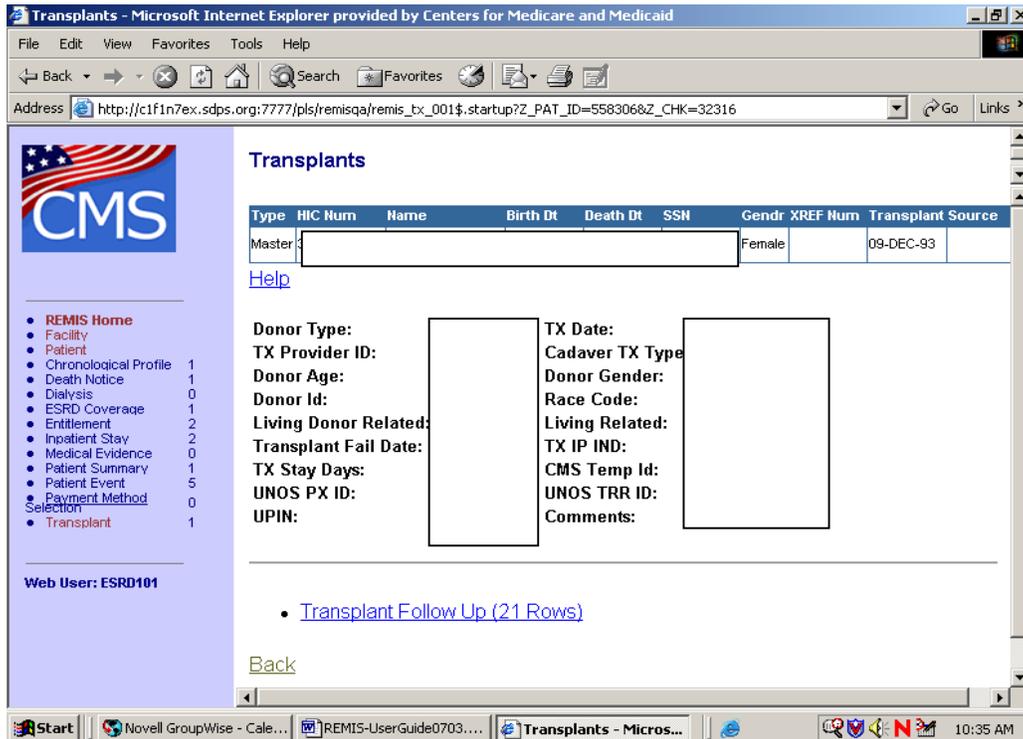


The Transplant Details displays all pertinent transplant information for this patient.

- **Donor Type:** Indicates whether donor of the Kidney was a cadaver, living, or foreign (import).
- **TX Date:** Date the patient had the transplant.
- **TX Provider ID:** Identification number of the provider responsible for providing transplant service.
- **Cadaver TX Type:** Indicates if the Cadaver Donor Kidney was was acquired from a local source.
- **Donor Age:** Age of donor.
- **Donor Gender:** Donor's gender.
- **Donor ID:** Unique ID assigned to each donor.
- **Race Code:** Patients race.
- **Living Donor Related:** Indicates the relationship of the Donor to the patient.
- **Living Related:** This field indicates whether the donor was living and related to the patient.
- **Transplant Fail Date:** Date the transplant failed, if applicable.
- **TX IP IND:** Indicates whether transplant and/or inpatient stay records are posted for this patient.
- **TX Stay Days:** Number of days the patient stayed at the facility.
- **CMS Temp ID:** Temporary ID number assigned to a transplant record not originating from UNOS or a billing record.
- **UNOS PX ID:** UNOS Transplant Identifier.

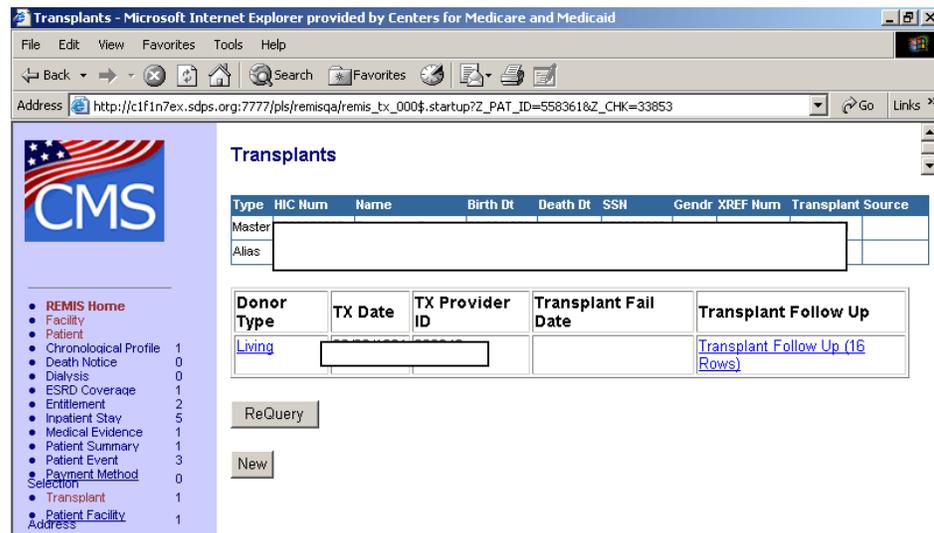
- **UNOS TRR ID:** UNOS Transplant Identifier.
- **UPIN:** Unique Physician Identifier.
- **Comments:** Observations recorded pertaining to this transplant record.

Transplant details screen as viewed by those with full REMIS read privileges:



### Adding a Transplant

Those with REMIS update privileges, may click on 'New' to enter information about a transplant for the patient...



Upon clicking 'New', the following screen appears.

Enter the Transplant information and click on 'Insert' to add the transplant information for the selected patient.

Enter values for new record

Donor Type:	Cadaveric	TX Date:	CAL
TX Provider ID:		Cadaver TX Type:	
Donor Age:		Donor Gender:	
Donor Id:		Race Code:	
Living Donor Related:		Living Related:	
Transplant Fail Date:	CAL	TX IP IND:	
TX Stay Days:		CMS Temp Id:	
UNOS PX ID:		UNOS TRR ID:	
UPIN:		Comments:	

Insert Clear

### Transplant Follow-up

As noted above, transplant follow-up data is obtained via the hyperlink on the associated Transplant screen.

Click on the Provider ID to obtain the associated Transplant Follow-up Details Screen.

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gendr	XREF Num	Transplant Source
Master's						Female		09-DEC-93

Provider ID	Graft Fail Date	Period	Pat Status Date	TX Date	Patient Status
<a href="#">100220</a>		1		12/09/1993	
<a href="#">100220</a>		2		12/09/1993	
<a href="#">100220</a>			12/18/1997	12/09/1993	Dead
<a href="#">100220</a>			12/18/1997	12/09/1993	Dead
<a href="#">100220</a>			12/18/1997	12/09/1993	Dead
<a href="#">100220</a>			12/18/1997	12/09/1993	Dead
<a href="#">100220</a>			12/11/1996	12/09/1993	Alive

Patient transplant follow-up information as reported by UNOS.

- **Provider ID:** Identification number of the provider providing transplant.
- **Death Cause Code:** Cause of death.
- **UNOS Period:** UNOS follow-up period for the patient.
- **Acute Rej:** Acute rejection a contributing reason for graft failure.
- **Dialysis Date:** Last date of maintenance dialysis.
- **Death Date:** Date patient died as recorded on follow-up record.
- **Dialysis Performed:** Dialysis performed during follow-up period.
- **Fail Dialysis:** Patient resumed maintenance dialysis.
- **Fail Other:** Reason other than dialysis indicating graft failure.
- **Fail TX:** Transplant due to graft failure.
- **Graft Fail:** Indicates graft failure.
- **Graft Fail Date:** Date graft failure occurred.
- **Lost to TXFU Date:** Last date patient was seen.
- **Period:** The period when the Follow-up occurred (Older pre-UNOS records only).
- **Pt Living:** Patient still living.
- **Pt Lost:** Patient lost to follow-up.
- **Fu VA:** Facility is a Veterans Affairs Center.
- **Functional Status:** Kidney functioning at Follow-Up.
- **ICU:** Patient has been in an intensive care unit since last follow-up.
- **IM Other:** Other Immunospression.
- **TX Date:** Transplant date.
- **Pat Status Date:** Patient Status date.
- **Patient Status:** Current status of patient.
- **Primary Transplant Fail:** Primary cause of transplant failure.
- **Record Status:** Indicates whether the record is currently in the REMIS Staging area or whether it has been promoted to Production.
- **UNOS Primary Fail:** Reason for graft failure, as identified by UNOS.
- **UNOS PX ID:** UNOS unique record identifier.
- **UPIN:** Unique Physician Identification Number.
- **UNOS TRR ID:** UNOS unique record identifier

ex.sdps.org:7777/pls/remisqa/remis\_tx\_001\$transplant\_follow.startup?P\_TX\_ID=99951&P\_0=99951&Z\_CHK=27428

### Transplant Follow Up

Type	HIC Num	Name	Birth Dt	Death Dt	SSN	Gendr	XREF Num	Trans
Master	3					male		09-DEC

[Help](#)

**Provider ID:** 100220      **Death Cause Code:**  
**UNOS Period:** 30      **Acute Rej:**  
**Dialysis Date:**      **Death Date:**  
**Dialysis Performed:** N      **Fail Dialysis:** U  
**Fail Other:**      **Fail TX:** N  
**Graft Fail:** N      **Graft Fail Date:**  
**Lost to TXFU Date:**      **Period:**  
**Pt Living:** Y      **Pt Lost:** N  
**Fu Va:**      **Functional Status:** Unknown  
**ICU:**      **IM Other:**  
**Pat Status Date:** 12/11/1996      **TX Date:** 12/09/1993  
**Patient Status:** Alive      **Primary Transplant Fail:**  
**Record Status:**      **UNOS Primary Fail:**  
**UNOS PX ID:**      **UPIN:** E49330  
**UNOS TRR ID:** 000000113456

## Patient Facility Address

Displays address information, via a SIMS view, for ESRD facility associated with the Patient.

- **Facility ID:** This field indicates the SIMS system assigned Unique facility ID code.
- **Date Saved:** Date that the facility record was saved.
- **Provider Number:** CMS assigned provider number for this facility.
- **Facility:** Facility name.
- **Facility Code:** This field contains the code assigned by the Network to each unique facility. This number should not change over time and the combination of provider number and facility code should be unique.
- **Addr1:** This field indicates the physical address line 1 of the facility.
- **Addr2:** This field indicates the physical address line 2 of the facility.
- **City:** Name of the city where this facility is located.
- **State:** Name of the state where this facility is located.
- **Zip:** Zip code where the facility is located..
- **Phone:** This field indicates the phone number of the facility.
- **Fax:** This field indicates the fax number of the facility.

**Facility Address**

Facility ID	Date Saved	Provider Num
<a href="#">323035996</a>	01/01/1998	310092

Record 1 of 1

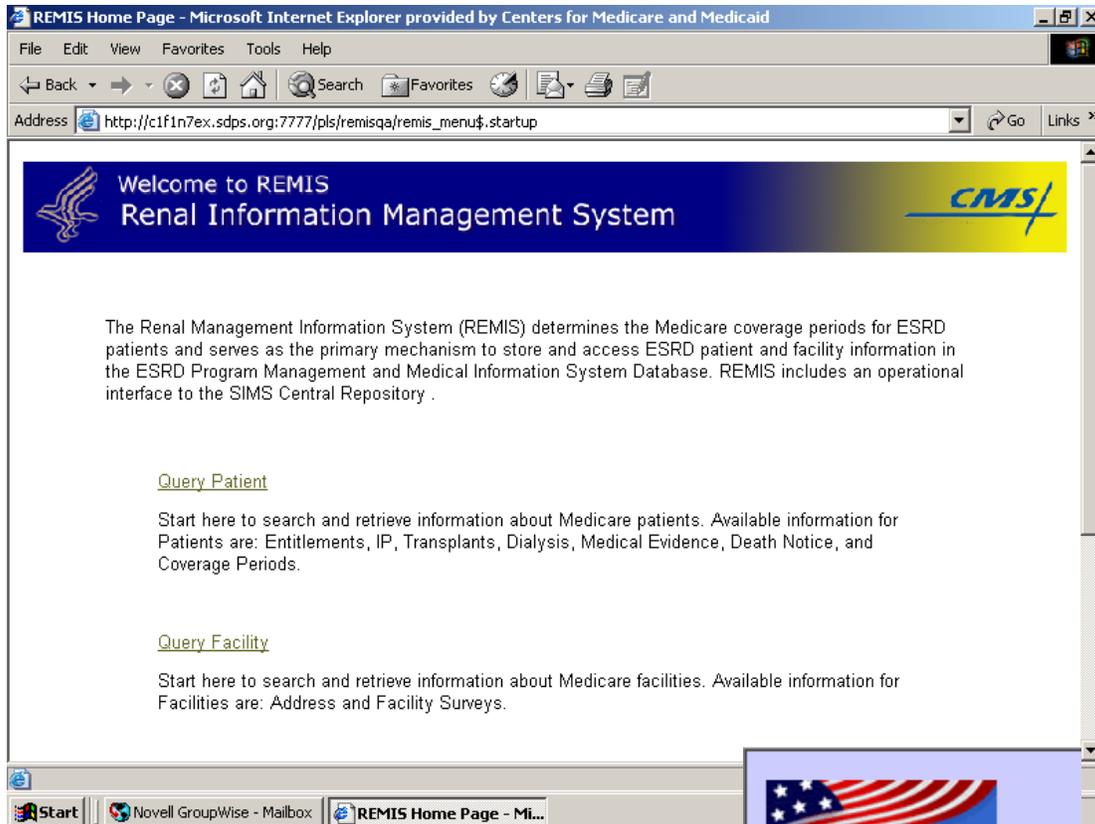
[Help](#)

**Facility ID:** 323035996  
**Date Saved:** 01/01/1998  
**Provider Num:** 310092  
**Facility:** H. Fuld Capital System  
**Facility Code:** 54  
**Addr:** 750 Brunswick Ave  
**Addr2:**  
**City:** Trenton  
**State:** NJ  
**Zip:** 08638  
**Phone:** 6093946000  
**Fax:** 6093946270

Web User:  
ESRD101

## Facility Query

When **Query Facility** is selected from the REMIS Home page it brings the Facility Query screen into view. The blue panel on the left side of the screen contains the menu. On the Facility Query, the left side menu doesn't have a large selection of menu options. The menus will change as the screens change.



You can also go to the Facility Query screen by clicking on **'Facility'** on the left hand menu panel of most REMIS screens.



## Facility Query Screen

The Facility Query screen allows you to search for facility information based on search criteria using the common ESRD facility data fields.

The fields can be selected either by clicking on them with a mouse, or by using the keyboard's 'TAB' key to move from field to field. After you have selected the appropriate field(s) and have entered your query search criteria, click on the 'Query' button and run the search for the facility information.

The screenshot shows a web browser window titled "Facility Query - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid". The address bar contains the URL "http://c1f1n7ex.sdps.org:7777/pls/remisqa/remis\_fac\_001\$.startup". The main content area is divided into two sections. On the left is a sidebar with the CMS logo and a list of links: "REMS Home", "Facility", and "Patient". Below the links, it says "Web User: ESRD101". On the right is the "Facility Query" form. The form has the following fields: "Provider Number", "Region", "Alt Provider Number", "Network", "Facility Name", "City", "State", "Zip", and "County". Each field is represented by a text input box. Below the form are two buttons: "QUERY" and "RESET".

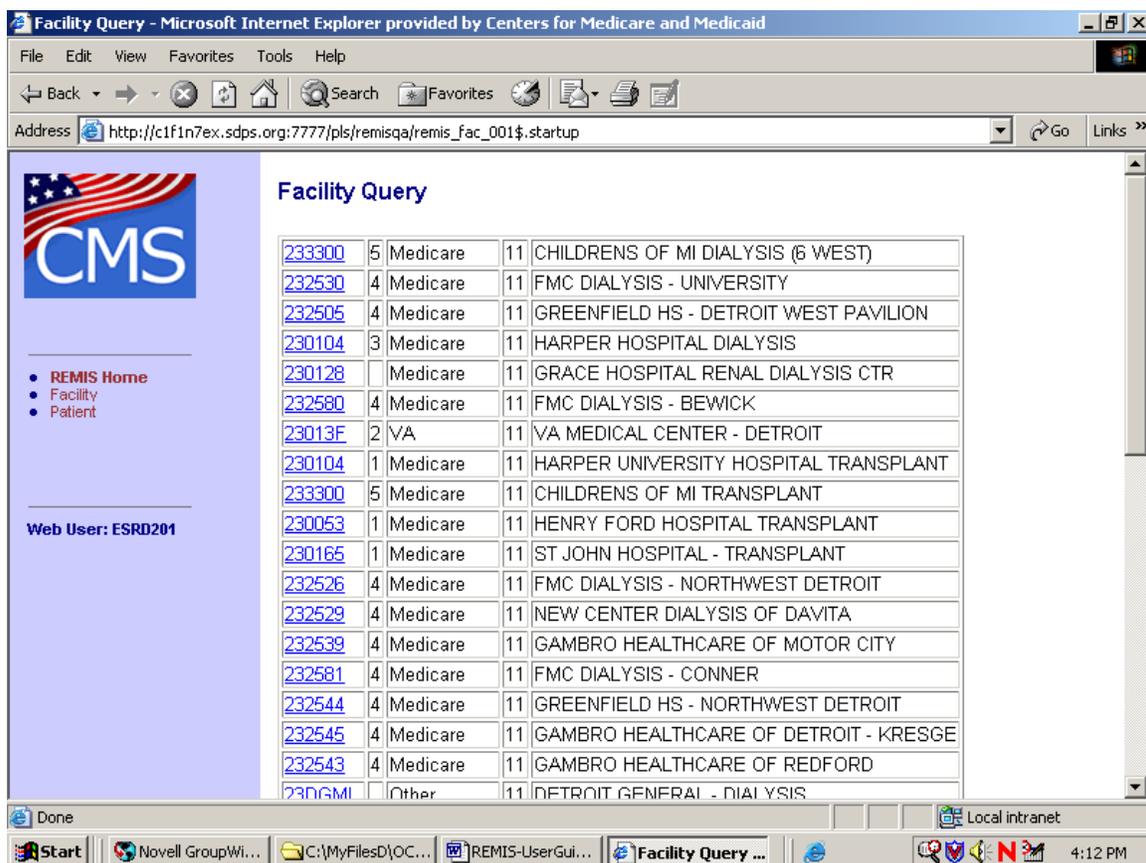
*See Helpful Hints, regarding the use of wildcards when entering your search criteria.*

- **Provider Number:** The CMS assigned provider number. You may use wildcards.
- **Region:** CMS Region the facility is located in. Enter CMS Region Number: 1=Boston, 2=New York, 3 = Philadelphia, 4 = Atlanta, 5 = Chicago, 6=Dallas, 7=Kansas City, 4 =Denver, 9=San Francisco, 10=Seattle
- **Alt Provider Number:** Alternate CMS assigned provider number (e.g., '2300 number'). You may use wildcards.
- **Network:** ESRD network: Enter 1 through 18. **Do not** enter leading zero!).
- **Facility Name:** Facility name. You may use wildcards.
- **City:** Name of City where the facility is located. You may use wildcards.
- **State:** Post Office abbreviation of State facility is located in
- **Zip:** Zip code facility is located in.
- **County:** Name of county facility is located in. You may use wildcards.
- **Query Button:** Clicking on the query button starts the search for the facility.
- **Reset Button:** Clicking on the reset button clears the fields of the current query.

## Facility Query Screen – Search Results

Once the facility information has been entered and the ‘Query’ button has been clicked, a screen is returned that shows a list of the facilities found in the SIMS Central Repository.

This example shows the query results with all the facilities that meet the search criteria entered:



The screenshot shows a web browser window titled "Facility Query - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid". The address bar shows the URL: [http://clf1n7ex.sdps.org:7777/pls/remisqa/remis\\_fac\\_001\\$.startup](http://clf1n7ex.sdps.org:7777/pls/remisqa/remis_fac_001$.startup). The page content includes the CMS logo and a navigation menu with links for "REMIS Home", "Facility", and "Patient". Below the menu, it displays "Web User: ESRD201". The main content area is titled "Facility Query" and contains a table of search results.

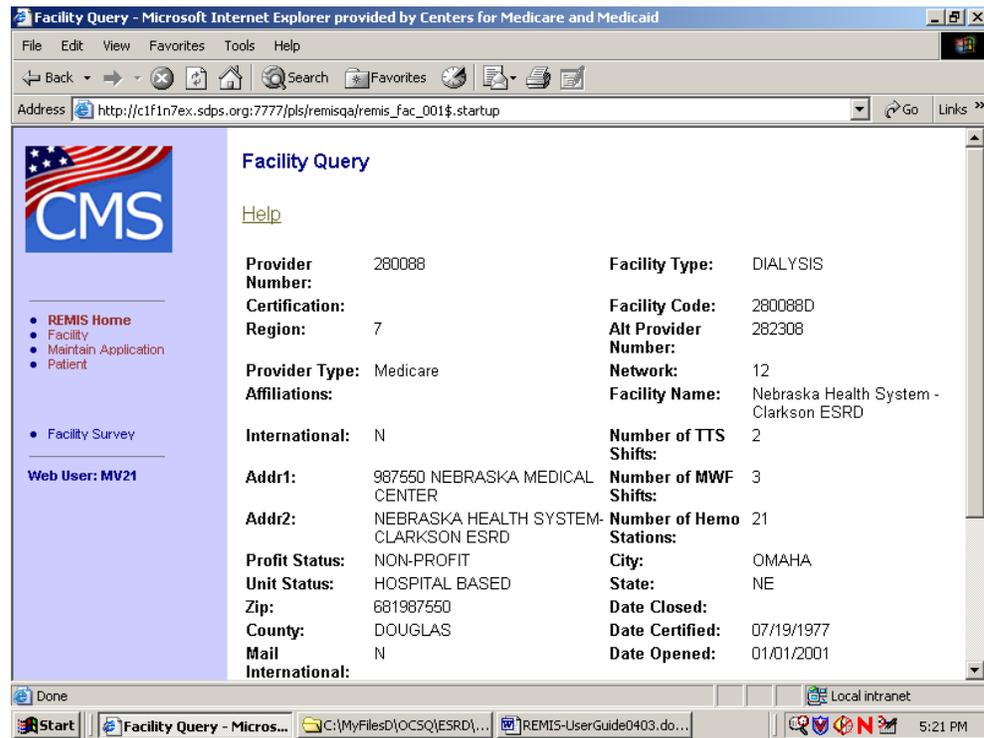
<a href="#">233300</a>	5	Medicare	11	CHILDRENS OF MI DIALYSIS (6 WEST)
<a href="#">232530</a>	4	Medicare	11	FMC DIALYSIS - UNIVERSITY
<a href="#">232505</a>	4	Medicare	11	GREENFIELD HS - DETROIT WEST PAVILION
<a href="#">230104</a>	3	Medicare	11	HARPER HOSPITAL DIALYSIS
<a href="#">230128</a>		Medicare	11	GRACE HOSPITAL RENAL DIALYSIS CTR
<a href="#">232580</a>	4	Medicare	11	FMC DIALYSIS - BEWICK
<a href="#">23013F</a>	2	VA	11	VA MEDICAL CENTER - DETROIT
<a href="#">230104</a>	1	Medicare	11	HARPER UNIVERSITY HOSPITAL TRANSPLANT
<a href="#">233300</a>	5	Medicare	11	CHILDRENS OF MI TRANSPLANT
<a href="#">230053</a>	1	Medicare	11	HENRY FORD HOSPITAL TRANSPLANT
<a href="#">230165</a>	1	Medicare	11	ST JOHN HOSPITAL - TRANSPLANT
<a href="#">232526</a>	4	Medicare	11	FMC DIALYSIS - NORTHWEST DETROIT
<a href="#">232529</a>	4	Medicare	11	NEW CENTER DIALYSIS OF DAVITA
<a href="#">232539</a>	4	Medicare	11	GAMBRO HEALTHCARE OF MOTOR CITY
<a href="#">232581</a>	4	Medicare	11	FMC DIALYSIS - CONNER
<a href="#">232544</a>	4	Medicare	11	GREENFIELD HS - NORTHWEST DETROIT
<a href="#">232545</a>	4	Medicare	11	GAMBRO HEALTHCARE OF DETROIT - KRESGE
<a href="#">232543</a>	4	Medicare	11	GAMBRO HEALTHCARE OF REDFORD
<a href="#">230GMI</a>		Other	11	DETROIT GENERAL - DIAI YSIS

To view the facility details, click on the ‘**Provider Number**’ hyperlink you select.

## Facility Query Screen – Facility Details

The REMIS Facility Query Screen contains details of the facility.

*Note also that the menu has changed. There is now the option to view facility survey information associated with this facility.*



The fields for this screen allow for facility identification and include many source fields:

- **Provider Number:** This field contains the CMS assigned provider number for this facility.
- **Facility Type:** This field indicates the type of facility that this unit is associated with: Dialysis, HCFA, Network, Transplant, Vendor, Other
- **Certification:** Services the ESRD facility is certified to perform. 1=Transplant Center, 2=Dialysis, 3=Dialysis Facility:Hospital, 4=Dialysis Facility:Non-hospital, 5=Transplant & Dialysis Center, 6=Special Purpose Facility, 7=Inpatient Care Only, -1=Not Specified
- **Facility Code:** This field contains the code assigned by the Network to each unique facility. This number should not change over time and the combination of provider number and facility code should be unique.
- **Region:** CMS Region where facility is located. 1=Boston, 2=New York, 3 = Philadelphia, 4 = Atlanta, 5 = Chicago, 6=Dallas, 7=Kansas City, 4 =Denver, 9=San Francisco, 10=Seattle

- **Alt Provider Number:** Alternate CMS assigned provider number (e.g., ‘2300 number’).
- **Provider Type:** Type of unit: Acute, DMS Supplier, Army, Air Force, Navy, Medicare, VA, VA Only, Prison, Other, Pending Cert, or Prison Only
- **Network:** This field indicates the network number of the provider.
- **Affiliations:** This field indicates the corporation the unit is affiliated with.
- **Facility Name:** This field indicates the facility name.
- **International:** This field indicates whether or not the provider's physical address is an international address (Y/N).
- **Number of TTS Shifts:** This field indicates the number of TThS shifts the unit offers as reported by the unit.
- **Addr1:** This field indicates the physical address line 1 of the facility
- **Number of MWF Shifts:** This field indicates the number of MWF shifts the unit offers as reported by the unit.
- **Addr2:** This field indicates the physical address line 2 of the facility.
- **Number of Hemo Stations:** This field indicates the total number of stations reported by the unit.
- **Profit Status:** This field indicates the profit status of the unit: non-profit, for-profit.
- **City:** City where the facility is located.
- **Unit Status:** This field indicates whether or not the unit is freestanding or a hospital based unit.
- **State:** State where the facility is located.
- **Zip:** Zip code where the facility is located.
- **Date Closed:** This field indicates the date the facility was closed, if closed; else blank.
- **County:** County in which this facility is located.
- **Date Certified:** This field indicates the date the facility was certified, if Medicare facility.
- **Mail International:** This field indicates whether or not the provider's mailing address is an international address (Y/N).
- **Date Opened:** This field indicates the date the facility was opened.
- **Mailing Addr1:** This field indicates the mailing address line 1 of the facility if different from physical address.
- **Email** This field indicates the email address associated with a facility.
- **Mailing Addr2:** This field indicates the mailing address line 2 of the facility if different from physical address.
- **Fax:** This field indicates the fax number of the facility.
- **Mailing City:** This field indicates the city mailing address of the facility if different from physical city.
- **Phone:** This field indicates the phone number of the facility.
- **Mailing State:** This field indicates the state mailing address of the facility if different from physical state.
- **Mailing Zip:** This field indicates the zip code mailing address of the facility if different from physical zip code.

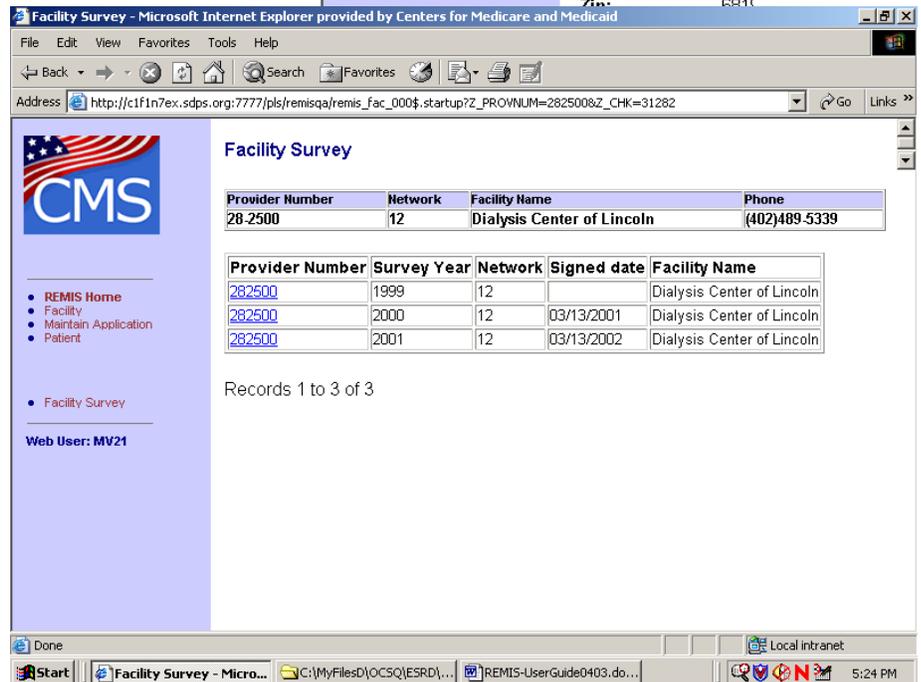
## Facility Survey Screens

To view facility survey information associated with the individual facility, click on 'Facility Survey' in the menu.



A list of the facility surveys associated with the facility is returned.

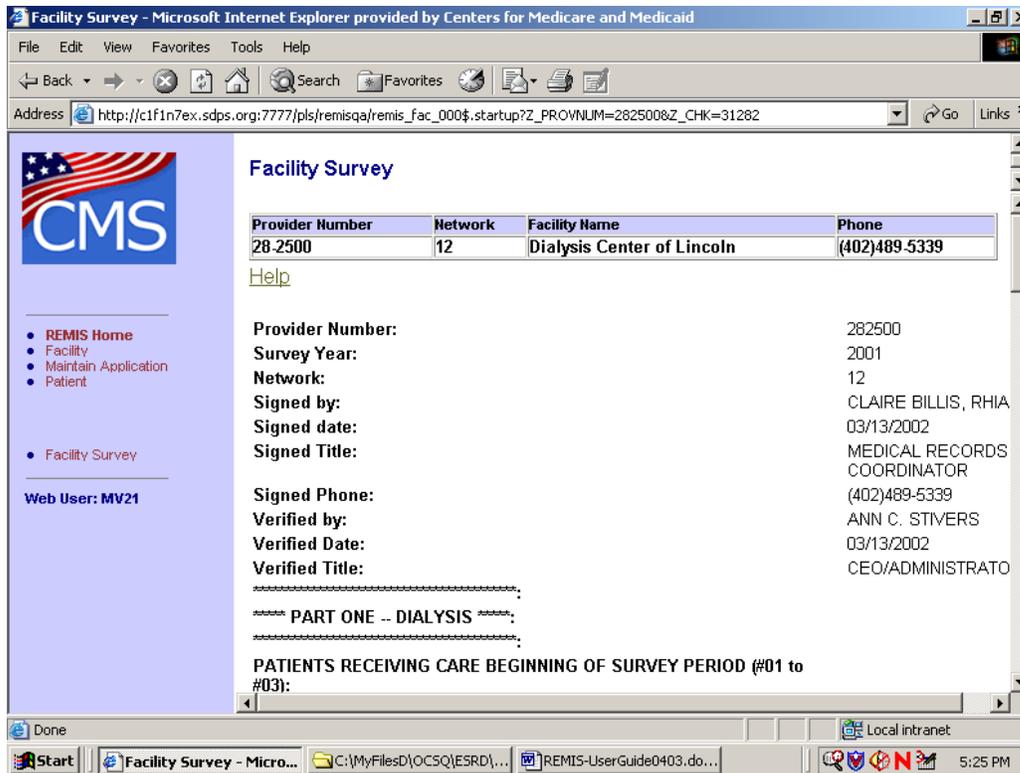
*To view a facility survey for a particular year, click on the associated 'Provider Number' hyperlink.*



### *Facility Survey – Details*

The Facility Survey screen displays the activities performed at a facility during a calendar year as well as aggregate year-end population counts for both Medicare beneficiaries and non-Medicare patients. The data elements include basic provider information such as provider number, facility name, and type of ownership; aggregated dialysis patient data such as the number of patients, number of deaths, and number of patients receiving different types of dialysis; dialysis treatment data; kidney transplant data such as number

of transplants, type of transplants, and number of patients awaiting transplants; and the total number of each method used to obtain kidneys for transplants. The accuracy of the Facility Survey depends on the ESRD Network oversight to ensure complete reporting by each facility and full reporting by all facilities.



- **Provider Number:** CMS assigned provider number for this facility.
- **Survey Year:** This field indicates the Survey year for this 2744.
- **Network:** Network number of the ESRD network submitting this 2744.
- **Signed by:** Name of the person the 2744 was completed by (signature).
- **Signed date:** Date the 2744 form was signed.
- **Signed Title:** Title of person signing the 2744 form.
- **Signed Phone:** Telephone number of person signing the 2744 form.
- **Verified by:** Name of the person that the 2744 was verified by (signature).
- **Verified Date:** Date the 2744 form was verified.
- **Verified Title:** Title of person verifying the 2744.

## PART ONE -- DIALYSIS

### PATIENTS RECEIVING CARE BEGINNING OF SURVEY PERIOD (#01 to #03):

- **01 - Outpatient:** Number of In-unit patients, 1st field of patients receiving care beginning of survey period.
- **02 - Home:** Number of home patients at beginning of survey period.
- **03 - Total Fields 01thru 02:** Total Beginning Patients (Outpatient(01) + Home(02))

#### **ADDITIONS DURING SURVEY PERIOD (#04 to #07):**

- **04A - Outpatient - Started for first time ever:** Number of patients who started for first time ever in unit.
- **04B - Home - Started for first time ever:** Number of patients who started for first time ever at home.
- **05A - Outpatient - Restarted:** Number of patients who restarted in-Unit.
- **05B - Home - Restarted:** Number of patients who restarted at home.
- **06A - Outpatient - Transferred from other dialysis unit:** Number of patients who transferred in from another dialysis unit-in unit.
- **06B - Home - Transferred from other dialysis unit:** Number of patients who transferred in from another dialysis unit-home.
- **07A - Outpatient - Returned after transplantation:** Number of patients returned after transplantation in-unit.
- **07B - Home - Returned after transplantation:** Number of patients returned after transplantation-home.

#### **LOSSES DURING SURVEY PERIOD (#08 to #13):**

- **08A - Outpatient Deaths:** Number of patient deaths-in unit.
- **08B - Home Deaths:** Number of patient deaths-home.
- **09A - Outpatient - Recovered kidney function:** Number of patients who recovered kidney function-in unit.
- **09B - Home - Recovered kidney function:** Number of patients who recovered kidney function-home.
- **10A - Outpatient - Received transplant:** Number of patients who received transplant-in unit.
- **10B - Home - Received transplant:** Number of patients who received transplant-home.
- **11A - Outpatient - Transferred to other dialysis unit:** Number of patients transferred to another dialysis unit-in unit.
- **11B - Home - Transferred to other dialysis unit:** Number of patients transferred to another dialysis unit-home.
- **12A - Outpatient - Discontinued dialysis:** Number of patients who discontinued dialysis-in unit.
- **12B - Home - Discontinued dialysis:** Number of patients who discontinued dialysis-home.
- **13A - Outpatient - Other LTFU:** Number of OTHER (LTFU)-in unit.
- **13B - Home - Other LTFU:** Number of OTHER (LTFU)-home.

#### **PATIENTS RECEIVING CARE AT END OF SURVEY PERIOD (#14 to #26):**

- **14 - Outpatient Dialysis - Hemo Dialysis:** Number outpatient Hemo dialysis patients.

- **15 - Outpatient Dialysis - IPD:** number outpatient IPD dialysis patients.
- **16 - Self-Dialysis Training - Hemo Dialysis:** Number Self-Dialysis - Training Hemodialysis patients.
- **17 - Self-Dialysis Training - IPD:** Number Self-Dialysis - Training IPD patients.
- **18 - Self-Dialysis Training - CAPD:** Number Self-Dialysis - Training CAPD patients.
- **19 - Self-Dialysis Training - CCPD:** Number Self-Dialysis - Training CCPD patients.
- **20 - Total Outpatient Dialysis - Fields 14 thru 19:** Total number of outpatient dialysis patients.
- **21 - Home Dialysis - Hemo Dialysis:** Number Home Dialysis Hemodialysis patients.
- **22 - Home Dialysis - IPD:** Number Home Dialysis IPD patients.
- **23 - Home Dialysis - CAPD:** Number Home Dialysis CAPD patients.
- **24 - Home Dialysis - CCPD:** Number Home Dialysis CCPD patients.
- **25 - Total Home Dialysis - Fields 21 thru 24:** Total number of home dialysis patients.
- **26 - Total Patients - Fields 20 and 25:** Total number of patients (Outpatient + Home) for this facility.

**PATIENT ELIGIBILITY STATUS END OF SURVEY PERIOD (#27 to #29):**

- **27 - Currently enrolled in Medicare:** Total number of patients currently enrolled in Medicare at the end of the survey period.
- **28 - Medicare application pending:** Total number of patients Medicare application pending as of the end of the survey year.
- **29 - NonMedicare:** Total number of patients that are not enrolled in Medicare and sho did not have applications pending at the end of the survey period.

**SELF-DIALYSIS COMPLETING TRAINING (#30 to #33):**

- **30 - Hemo Dialysis:** Total number of patients that completed Hemodialysis training during the survey period at this facility.
- **31 - IPD:** Total number of Patients that completed IPD training during the survey period at this facility.
- **32 - CAPD:** Total number of Patients that completed CAPD training during the survey period at this facility.
- **33 - CCPD:** Total number of Patients that completed CCPD training during the survey period at this facility.

**TRANSIENT PATIENTS (#34 to #35):**

- **34 - Treated during survey period:** Total number of transient Outpatients treated at this facility during the survey period.
- **35 - Number of outpatient treatments during survey period:** Total number of outpatient transient treatments provided at this facility during the survey period.

**OUTPATIENT DIALYSIS TREATMENTS (#35 to #37):**

- **36 - Hemodialysis:** Total number of staff assisted outpatient Hemodialysis treatments that were provided at this facility during the survey period.
- **37 - IPD:** Total number of staff assisted outpatient IPD treatments that were provided at this facility during the survey period.
- **DIALYSIS TRAINING TREATMENTS (#38 - #41):**
- **38 - Hemodialysis:** Total number of hemo training treatments that were provided at this facility during the survey period.
- **39 - IPD:** Total number of IPD training treatments that were provided at this facility during the survey period.
- **40 - CAPD:** Total number of CAPD training treatments that were provided at this facility during the survey period.
- **41 - CCPD:** Total number of CCPD training treatments that were provided at this facility during the survey period.

## **PART TWO -- KIDNEY TRANSPLANTS**

- **42 - Patients who received transplant at this facility:** Number of patients who received transplants at this facility during the survey period.

### **ELIGIBILITY STATUS OF PATIENTS TRANSPLANTED AT THIS FACILITY DURING THE SURVEY PERIOD:**

- **43 - Currently enrolled in Medicare:** Patient is currently enrolled in Medicare.
- **44 - Medicare application pending:** Patient's Medicare application is pending.
- **45 - Non-Medicare - US Res.:** Patient in non-Medicare, U.S. resident.
- **46 - Non-Medicare - Other:** Patient is non-Medicare, Other (foreign national, etc.).

### **TRANSPLANTS PERFORMED AT THIS FACILITY:**

- **47 - Living Related Donor:** Kidney donor is related to recipient and still living.
- **48 - Living Unrelated Donor:** Kidney donor is unrelated to recipient and still living.
- **49 - Cadaveric Donor:** Kidney donor is dead.
- **50 - Total Fields 47 thru 49:** Total number of transplants performed at this facility.

### **PATIENTS AWAITING TRANSPLANT:**

- **51 - Dialysis:** Number of dialysis patients awaiting transplant.
- **52 - Non-Dialysis:** Number of non-dialysis patients awaiting transplant.

### **Validation Edits:**

- **2744 Enter Date:** Date the form entered into system.
- **2744 File Send Date:** Date the file was transmitted to CMS.
- **Rehab Refer:**
- **Facility Name:** Name of the facility surveyed.

## HELPFUL HINTS

This section contains some helpful hints that will allow you to save time when working with data in REMIS.

### Copy and Paste Functionality

You can copy and paste from other applications (e.g., MS Word or Excel) into the REMIS application. For instance, when you wish to enter search criteria on the Patient Master Query screen, if the last name of the patient or the SIMS UPI of the patient is readily available in another application:

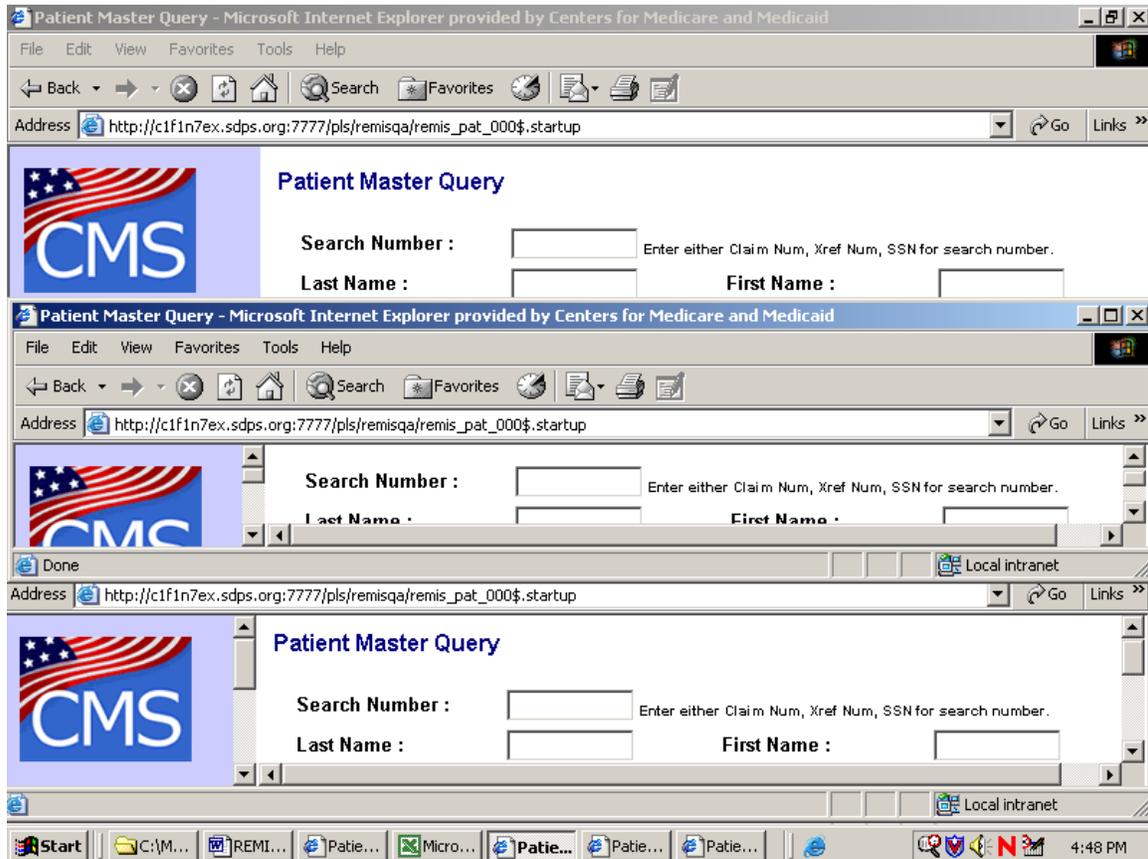
- highlight the text string you wish to copy;
- enter 'Ctrl + C';
- go to the Patient Master Query screen;
- click where you would like the text string to appear; enter 'Ctrl + V' to paste in the formation.

The screenshot displays two windows side-by-side. On the left is a Microsoft Excel window titled 'Microsoft Excel - Book1'. It shows a spreadsheet with columns A, B, and C. Row 1 contains 'ANDRECHUK' in column A and '123456789' in column B. The cell B1 is selected, and the formula bar shows '= 123456789'. Below this are rows 2 through 13 with names and corresponding SIMS UPIs. On the right is a Microsoft Internet Explorer window titled 'Patient Master Query - Microsoft Internet Explorer provided by Cent...'. The address bar shows 'http://c1f1n7ex.sdps.org:7777/pls/remisqa/remis\_pat\_0004'. The page content includes a CMS logo, a search form with the following fields: Search Number (123456789), Last Name, First Name, Gender, Sims UPI, Birth Date, and Death Date. The Search Number field is highlighted. There are 'Query' and 'Reset' buttons at the bottom of the form. The status bar at the bottom of the browser shows 'Web User: ESRD1'.

	A	B	C
1	ANDRECHUK	123456789	
2	ARNOLD	234567891	
3	COLE	345678912	
4	CONNER	456789123	
5	GRIER	567891234	
6	IGOE	678912345	
7	LEIPOLD	789123456	
8	LINDSAY	891234567	
9	MILAM	912345678	
10	ROBINSON	112233445	
11	SPEIER	122334455	
12	STAPLES	223344567	
13	TULLOSS	774411885	

## Multitasking

If the user would like to view more than one query at a time, the user can use ‘Ctrl + N’ to open a multiple query windows.



## Wildcards

### **Percent (%)**

You can use the percent as a substitute for zero or more characters. If you're looking for a Last Name that you know starts with ‘SMI’ but you can't remember the rest of the name, type the following:

**SMI%**

The Patient Master Query will locate all Patients with the Last Name beginning with ‘SMI’ including Smith, Smithson, and Smiley. To narrow the search, type:

## SMI%N

In this case, the **Patient Master Query** will find all Patients with the Last Name beginning with 'SMI' that end with 'N', including Smithson.

## Underscore ( \_ )

You can use the underscore as a substitute for a single character. For example, if you typed **SM\_TH**, the **Patient Master Query** would locate all Patients with a five letters in the Last Name beginning with 'SM' and ending with 'TH' (e.g., SMITH, SMYTH, but not SMOOTH).

Note: When using wildcards on a date field, the wildcards may only be used in the year value, not the month or day value.

## Printing

To print a larger document, **click** anywhere on the frame containing the report that you want to print, then select **File;Print Preview**.

Select '**only the selected frame**'; then **Print**.

**OR** you can **right click** anywhere on the frame containing the report you want to print; then select **print**.

