

Clinical Measures

Hemoglobin Greater than 12 g/dL

Hemoglobin Greater than 12 g/dL Lower rate desired

Measure Description	Percentage of Medicare patients with a mean hemoglobin value greater than 12 g/dL.
Numerator	Number of Medicare patients at the facility during the measurement period included in the denominator with a mean hemoglobin greater than 12 g/dL.
Denominator	<p>Number of Medicare patients at the facility during the measurement period.</p> <p>Exclusions:</p> <ol style="list-style-type: none">1. Patients younger than 18.2. Patients on dialysis for less than 90 days.3. Patients who have not been treated with erythropoiesis stimulating agents (ESAs) during the claim month.4. Hemoglobin values less than 5.5. Hemoglobin values greater than 20.6. Patients not on chronic dialysis as defined by a completed 2728 form, a SIMS record, or a sufficient amount of dialysis reported on dialysis facility claims.7. Patients with missing data.
Minimum Claims	4 months
Data Source(s)	<ol style="list-style-type: none">1. Medicare claims2. SIMS data (form 2728 to obtain the diagnosis date of ESRD and date of birth) Note: this data is in CROWNWeb when application is operational
Additional Information	<ol style="list-style-type: none">1. Last valid claim of the month is used for calculation.2. When hematocrit is reported on a claim, it is changed to hemoglobin by dividing by 3 and rounding to 1 decimal place.3. All hemoglobin levels should be rounded to 1 decimal place.4. No interpolation between claims for peritoneal dialysis patients.5. The value reported by the facility is used, but the facility may obtain this value from an external source.

Clinical Measures

Vascular Access Type: Fistula

Hemodialysis Vascular Access – Maximizing Placement of Arterial Venous Fistula Higher rate desired

Measure Description	Percentage of patient-months on hemodialysis during the last hemodialysis treatment of the month using an autogenous AV fistula with two needles. NQF#0257
Numerator	Patient-months in the denominator where an autogenous AV fistula with two needles was the means of access.
Denominator	Number of Medicare patient-months at the facility during the measurement period. Exclusions: <ol style="list-style-type: none"> 1. Patients younger than 18. 2. Peritoneal patients. 3. Claims with both a fistula and graft reported. 4. Patients not on chronic dialysis as defined by a completed 2728 form, a SIMS record, or a sufficient amount of dialysis reported on dialysis facility claims
Minimum Claims	4 months
Data Source(s)	<ol style="list-style-type: none"> 1. Medicare Claims 2. SIMS data (form 2728 to obtain the diagnosis date of ESRD and date of birth) Note: this data is in CROWNWeb when application is operational
Additional Information	<ol style="list-style-type: none"> 1. If claim indicates fistula and catheter, only the fistula is counted. 2. Last claim of the month used for calculation.

Clinical Measures

Vascular Access Type: Catheter

Hemodialysis Vascular Access – Minimizing Use of Catheters as Chronic Dialysis Access Lower rate desired

Measure Description	Percentage of patient-months for patients on hemodialysis during the last hemodialysis treatment of month with a catheter continuously for 90 days or longer prior to the last hemodialysis session. NQF#0256
Numerator	Patient-months in the denominator for patients continuously using a catheter for hemodialysis access for 90 days or longer prior to the last hemodialysis treatment during the month.
Denominator	Number of Medicare patient-months at the facility during the measurement period. Exclusions: <ol style="list-style-type: none"> 1. Patients younger than 18 years and 3 months. 2. Peritoneal patients. 3. Claims with both a fistula and graft reported. 4. Patients not on chronic dialysis as defined by a completed 2728 form, a SIMS record, or a sufficient amount of dialysis reported on dialysis facility claims.
Minimum Claims	4 consecutive months
Data Source(s)	<ol style="list-style-type: none"> 1. Medicare Claims 2. SIMS data (form 2728 to obtain the diagnosis date of ESRD and date of birth) Note: this data is in CROWNWeb when application is operational
Additional Information	<ol style="list-style-type: none"> 1. If claim indicates fistula and catheter, only the fistula is counted. 2. Measure uses data prior to performance or comparison period (e.g. October – December 2012 for performance period) to determine catheter history. 3. Last claim of the month used for calculation.

Kt/V Dialysis Adequacy Measure Topic: Hemodialysis

**Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy--HD Adequacy-- Minimum Delivered Hemodialysis Dose
Higher rate desired**

Measure Description	Percent of hemodialysis patient-months with spKt/V greater than or equal to 1.2. NQF#0249
Numerator	Patient-months in the denominator for patients whose delivered dose of hemodialysis (spKt/V) was greater than or equal to 1.2 during the measurement period.
Denominator	<p>Number of Medicare patients-months at the facility during the measurement period.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. Patients younger than 18 years. 2. Peritoneal patients. 3. Patients on dialysis for less than 90 days. 4. Patients dialyzing 4 times or more per week. 5. Patients dialyzing 2 times or fewer per week. 6. Patients having a spKt/V value less than 0.5. 7. Patients having a spKt/V value greater than 2.5. 8. Patients treated at the facility less than twice during the claim month. 9. Patients not on chronic dialysis as defined by a completed 2728 form, a SIMS record, or a sufficient amount of dialysis reported on dialysis facility claims.
Minimum Claims	1
Data Source(s)	<ol style="list-style-type: none"> 1. Medicare Claims 2. SIMS data (form 2728 to obtain the diagnosis date of ESRD and date of birth) Note: this data is in CROWNWeb when application is operational
Additional Information	<ol style="list-style-type: none"> 1. Calculated from the last measurement of the month. 2. Must be calculated using UKM or Daugirdas II method. 3. Dialyzing times per week is calculated by (i) number of dialysis sessions in the claim divided by the time period covered by the claim, with no rounding for number of sessions per week; and (ii) SIMS data indicating frequent hemodialysis. 4. The reported spKt/V should not include residual renal function. 5. Patients with missing spKt/V values or spKt/V=9.99 (not reported) are included in the denominator.

Clinical Measures

Kt/V Dialysis Adequacy Measure Topic: Peritoneal Dialysis

Peritoneal Dialysis Adequacy Clinical Performance Measure III - Delivered Dose of Peritoneal Dialysis Above Minimum Higher rate desired

Measure Description	Percent of peritoneal dialysis patient-months with Kt/V greater than or equal to 1.7 Kt/V (dialytic + residual) during the four month study period. NQF#0318
Numerator	Patient-months in the denominator for patients whose delivered dose of peritoneal dialysis was equal to or greater than 1.7 Kt/V (dialytic + residual) during the measurement period.
Denominator	Number of Medicare patient-months at the facility during the measurement period. Exclusions: <ol style="list-style-type: none"> 1. Patients younger than 18 years. 2. Hemodialysis patients. 3. Patients on dialysis for less than 90 days. 4. Patients having a Kt/V value less than 0.5. 5. Patients having a Kt/V value greater than 5.0. 6. Patients not on chronic dialysis as defined by a completed 2728 form, a SIMS record, or a sufficient amount of dialysis reported on dialysis facility claims.
Minimum Claims	1
Data Source(s)	<ol style="list-style-type: none"> 1. Medicare Claims 2. SIMS data (form 2728 to obtain the diagnosis date of ESRD and date of birth) Note: this data is in CROWNWeb when application is operational
Additional Information	<ol style="list-style-type: none"> 1. If no Kt/V value is reported for a given patient in a claim month, the most recent Kt/V value in the prior 4 months is applied to the calculation for that month. 2. Patients with missing Kt/V values or Kt/V=9.99 (not reported) are included in the denominator.

Clinical Measures

Kt/V Dialysis Adequacy Measure Topic: Pediatric Dialysis

Minimum spKt/V for Pediatric Hemodialysis Patients Higher rate desired	
Measure Description	Percent of pediatric in-center hemodialysis patient-months with spKt/V greater than or equal to 1.2. NQF#1423
Numerator	Patient-months in the denominator for patients whose delivered dose of hemodialysis (spKt/V) was greater than or equal to 1.2 during the measurement period.
Denominator	<p>Number of Medicare patient-months at the facility during the measurement period.</p> <p>Exclusions:</p> <ol style="list-style-type: none"> 1. Patients 18 years or older. 2. Peritoneal patients. 3. Home hemodialysis patients. 4. Patients on dialysis for less than 90 days. 5. Patients having a spKt/V value less than 0.5. 6. Patients having a spKt/V value greater than 2.5. 7. Patients dialyzing 5 times or more per week. 8. Patients dialyzing 2 times or fewer per week. 9. Patients treated at the facility less than twice during the claim month. 10. Patients not on chronic dialysis as defined by a completed 2728 form, a SIMS record, or a sufficient amount of dialysis reported on dialysis facility claims.
Minimum Claims	1
Data Source(s)	<ol style="list-style-type: none"> 1. Medicare Claims 2. SIMS data (form 2728 to obtain the diagnosis date of ESRD and date of birth) <p>Note: this data is in CROWNWeb when application is operational</p>
Additional Information	<ol style="list-style-type: none"> 1. Calculated from the last measurement of the month. 2. Must be calculated using UKM or Daugirdas II method. 3. Dialyzing times per week is calculated by (i) number of dialysis sessions in the claim divided by the time period covered by the claim, with no rounding for number of sessions per week; and (ii) SIMS data indicating frequent hemodialysis. 4. The reported spKt/V should not include residual renal function. 5. Patients with missing spKt/V values or spKt/V=9.99 (not reported) are included in the denominator.

Reporting Measures

Patient Experience of Care

ICH CAHPS Administration*

Measure Description	Attestation that facility administered survey in accordance with specifications.
Exclusions	<ol style="list-style-type: none">1. Facilities which only treat patients under 18 years of age.2. Facilities which do not treat in-center hemodialysis patients.3. Facilities with a CMS certification on or after July 1, 2013.
Data Sources	<ol style="list-style-type: none">1. CROWNWeb2. SIMS (to obtain the certification date) <p>Note: this data is in CROWNWeb when application is operational</p>
Additional Information	Facilities treating fewer than 11 in-center, adult hemodialysis patients must attest to this fact in CROWNWeb to not be scored on this measure.

*This measure description was clarified with an update on January 30, 2013.

Reporting Measures

NHSN Dialysis Event Reporting

NHSN Dialysis Event Reporting*	
Measure Description	Number of months for which facility reports National Healthcare Safety Network (NHSN) Dialysis Event data to the Centers for Disease Control and Prevention (CDC).
Exclusions	<ol style="list-style-type: none">1. Facilities which do not treat in-center hemodialysis patients.2. Facilities with a CMS certification on or after January 1, 2013.
Data Sources	<ol style="list-style-type: none">1. CDC's NHSN2. SIMS (to obtain the certification date) <p>Note: this data is in CROWNWeb when application is operational</p>
Additional Information	Facilities treating fewer than 11 in-center hemodialysis patients must attest to this fact in CROWNWeb to not be scored on this measure.

*This measure description was clarified with an update on March 20, 2013.

Reporting Measures

Mineral Metabolism

Mineral Metabolism Reporting*	
Measure Description	Number of months for which facility reports serum calcium and phosphorus for each Medicare patient.
Exclusions	<ol style="list-style-type: none">1. Facilities with a CMS certification on or after July 1, 2013.2. Home peritoneal dialysis patients.3. In-center hemodialysis patients treated at facility fewer than 7 times during claim month.4. Home hemodialysis patients for whom a facility does not submit a claim during the claim month.5. Facilities treating fewer than 11 patients during the performance period who are (i) in-center Medicare patients who have been treated at least 7 times by the facility during the reporting month; or (ii) home hemodialysis Medicare patients for whom the facility submits a claim during the reporting month.
Data Sources	<ol style="list-style-type: none">1. CROWNWeb2. SIMS (to obtain the certification date, as well as form 2728) <p>Note: this data is in CROWNWeb when application is operational</p>
Additional Information	<ol style="list-style-type: none">1. The serum calcium and serum phosphorus values reported by the facility are used. The facility may obtain these values from an external source.2. Facilities treating fewer than 11 patients during the performance period who are (i) in-center Medicare patients who have been treated at least 7 times by the facility during the reporting month; or (ii) home hemodialysis Medicare patients for whom the facility submits a claim during the reporting month, must attest to this fact in CROWNWeb to not be scored on this measure.

*This measure description was clarified with an update on January 30, 2013.

Reporting Measures

Anemia Management

Anemia Management Reporting*

Measure Description	Number of months for which facility reports ESA dosage (as applicable) and hemoglobin/hematocrit for each Medicare patient.
Exclusions	<ol style="list-style-type: none">1. Facilities with a CMS certification on or after July 1, 2013.2. Home peritoneal dialysis patients.3. In-center hemodialysis patients treated at a facility fewer than 7 times during claim month.4. Home hemodialysis patients for whom a facility does not submit a claim during the claim month.5. Facilities treating fewer than 11 patients during the performance period who are (i) in-center Medicare patients who have been treated at least 7 times by the facility during the reporting month; or (ii) home hemodialysis Medicare patients for whom the facility submits a claim during the reporting month.6. Patients not on chronic dialysis as defined by a completed 2728 form or a SIMS record.
Data Sources	<ol style="list-style-type: none">1. Medicare Claims2. SIMS (to obtain the certification date) <p>Note: this data is in CROWNWeb when application is operational</p>
Additional Information	<ol style="list-style-type: none">1. Hemoglobin value of 99.99 is not considered valid for purposes of measure. Note: we will not penalize facilities for using the default 99.99 value for a patient in his/her first month of treatment at that facility.1. The hemoglobin/hematocrit reported by the facility is used. The facility may obtain this value from an external source.2. No ESA dosage need be recorded if patient is not treated with ESAs.3. ESA dosage must be reported via HCPCS codes and corresponding units, as applicable.4. Facilities treating fewer than 11 patients during the performance period who are (i) in-center Medicare patients who have been treated at least 7 times by the facility during the reporting month; or (ii) home hemodialysis Medicare patients for whom the facility submits a claim during the reporting month, must attest to this fact in CROWNWeb to not be scored on this measure.

*This measure description was clarified with an update on January 30, 2013.