

## Quality Measures Using New Medicare Claims Data

July 1, 2011

The Centers for Medicare & Medicaid Services required the reporting of the Kt/V reading and date of the reading, vascular access type, and access-related infection data on dialysis facility Medicare claims with dates of service on or after July 1, 2010. More information about this data collection is available through [Med Learn Matters Article 6782](#). This document describes the quality measures that will be calculated using these new data.

### Vascular Access Type

#### Percent of patients receiving treatment through an arteriovenous fistula

The measure reports the percentage of hemodialysis patients who received hemodialysis through an arteriovenous fistula with two needles. Data are collected monthly for the last hemodialysis treatment of the month. The calculation is based on the V7 HCPCS modifier code submitted on Medicare dialysis facility claims. Pediatric patients (less than 18 years of age) and peritoneal dialysis patients are excluded from the calculation of the measure.

#### Percent of patients receiving treatment with a catheter > 90 days

The measure reports the percentage of hemodialysis patients in whom:

- a catheter was in use at the last hemodialysis treatment of the month and for each of the prior three months,
- a catheter was the *only* means of vascular access – patient did not have an AV fistula or AV graft reported at any time during the 90 days

The calculation is based on the V5 HCPCS modifier code submitted on Medicare dialysis facility claims. Pediatric patients (less than 18 years of age) and peritoneal dialysis patients are excluded from the calculation of the measure.

### Measure Calculation Details

As sufficient data are collected over time, quality measures will be summarized to annual periods. Annual measures will be similar to those currently reported on Dialysis Facility Compare and used in the 2012 ESRD QIP for anemia management and hemodialysis adequacy which calculate a patient's average (e.g., mean or median) value at the facility during the year.

A patient can be included in a facility's calculation regardless of whether the patient was also treated at another facility. Hence, a patient who is treated at more than one facility during the measure period may be included at multiple facilities as long as the patient meets the inclusion criteria at each facility. Currently the anemia management and hemodialysis adequacy measures on Dialysis Facility Compare and used in the 2012 ESRD QIP require a patient to have four months of claims at a facility to be included.

National measures are calculated using the patient's last claim of the month regardless of facility (to avoid double-counting patients who transfer facilities during a month).