

## 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.

### Dialysis Adequacy

The measure reports the percentage of thrice weekly hemodialysis (HD) patients with a  $Kt/V_{urea}$  (K-dialyzer clearance of urea; t-dialysis time; V-patient's total body water) of at least 1.2 and peritoneal dialysis (PD) patients with a  $Kt/V_{total}$  of at least 1.7. This measure uses data reported in conjunction with Medicare dialysis facility claims value code D5: Result of last Kt/V reading and occurrence code 51: Date of last Kt/V reading. For PD and home HD patients, this may be before the current billing period but should be within four months of the claim date of service.

A claim is excluded if it meets any of the following criteria:

- Patient is receiving hemodialysis during the first 90 days of ESRD, or
- Patient is prescribed hemodialysis four or more times per week, or
- Reports "9.99" to indicate the test was not performed, or
- Reports a value out of the medically plausible ranges of 0.5 to 2.5 for HD and 0.5 to 5.0 for PD, or
- Date of Kt/V measurement on a peritoneal dialysis claim is not within four months of the claim date of service.

The measure only applies to adult patients; pediatric patients (less than 18 years of age) are excluded.

### 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).