Measure Information Form

1.	Measure Name/Title (CMS Consensus-Based Entity [CBE] Measure Submission Form (C), Measure Specifications sp.01)		
	Delivered Dose of Pediatric Peritoneal Dialysis Above Minimum		
2.	Descriptive Information		
2.1	Measure Type		
	 □ process □ outcome □ PRO-PM □ cost /resource use □ efficiency □ structure ☑ intermediate outcome □ population health □ composite □ process □ outcome □ other □ other 		
2.2	Brief Description of Measure (CMS CBE Measure Submission Form, Measure Specifications sp.02 and sp.06) Percentage of pediatric (< 18 years old) peritoneal dialysis patient-months in the sample for analysis who were on ESRD treatment for 91 days or more and whose delivered peritoneal dialysis dose was a weekly Kt/Vurea >= 1.8 (dialytic + residual) during the six-month study period.		
2.3	If Paired or Grouped (CMS CBE Measure Submission Form, Measure Specifications sp.03)		
	N/A		
3.	Measure Specifications		
3.1	Measure-Specific Webpage (CMS CBE Measure Submission Form, Measure Specifications sp.09) N/A		

3.2 If this is an electronic clinical quality measure (eCQM) (CMS CBE Measure Submission Form, Measure Specifications sp.10)

N/A

3.3 Data Dictionary, Code Table, or Value Sets (CMS CBE Measure Submission Form, Measure Specifications sp.11)

The data elements used for this measure are listed below. A complete description of the data elements can be found at the <u>ESRD section of QualityNet.org</u>.

EQRS Data Elements:

- Unique Patient Identifier (UPI)
- Facility CCN
- Patient date of birth
- Patient date of death
- Primary type of treatment ID (EQRS dialysis type)
- Medicare certified services offered
- Additional services offered (Non-Medicare)
- Kt/V value
- First date of ESRD

Claims Based Data Elements:

Note: Only Type of Bill (TOB) 72x claims are considered in the measure calculation.

- Claim related condition code
- Claim control number
- Claim from date
- Claim through date
- Claim NCH daily process date
- Claim link number
- Claim occurrence date
- Claim occurrence code
- Claim CCN
- Claim value code D5
- Claim value amount
- Claim value sequence number

- Claim line institutional revenue center codes
- Claim line institutional revenue center date
- Patient health insurance claim number
- Patient date of death
- Patient date of birth
- For an instrument-based measure (CMS CBE Measure Submission Form, Measure Specifications sp.23 and sp.24)

N/A

3.5 Updates since last submission (CMS CBE Measure Submission Form, Specifications: Maintenance Update spma.01 and spma.02)

There have been no changes to the measure specifications since the last endorsement in 2015.

- 3.6 Numerator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.12)
 - Patient-months in the denominator for patients whose delivered peritoneal dialysis dose was equal to or greater than 1.8 Kt/V (dialytic+ residual, measured in the last six months). Kt/V must also be in range ($Kt/V \le 8.5$).
- 3.7 Numerator Details (CMS CBE Measure Submission Form, Measure Specifications sp.13)

Number of patients in denominator whose delivered dose of peritoneal dialysis (dialytic + residual, calculated from the last measurements of the six-month study period) was a $Kt/V \ge 1.8$ and $Kt/V \le 8.5$.

- If a patient has multiple in-range Kt/V values in EQRS during a month, then the last reported value is selected.
- If an in-range value was not found in EQRS for the patient during the month then the last reported non-missing value reported on the last eligible Medicare claim for the patient during the month is selected (when available).
- O A claim is considered eligible if it was from a peritoneal dialysis patient who had ESRD for at least 91 days and was under 18 years old (as of the claim-from date).
 - The last eligible claim with an in-range (less than or equal to 8.5) and not expired (Kt/V occurrence date more than six months prior to the claim through date) Kt/V value reported is selected when there were multiple claims reported in a month.

- 3.8 Denominator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.14)

 All pediatric (< 18 years old) patient-months in the sample for analysis who have had ESRD for 91 days and receiving peritoneal dialysis the entire month.
- 3.9 Denominator Details (CMS CBE Measure Submission Form, Measure Specifications sp.15)

A patient may only be assigned to one dialysis facility each month. For each patient, the dialysis provider at each point in time are identified primarily using data from EQRS, the Medical Evidence Form CMS-2728, and Medicare dialysis claims. Patient assignment to provider and modality (either HD or peritoneal dialysis [PD]) are both determined according to the information reported in the above-mentioned data sources.

For each reporting month, patients are required to have been indicated as treated by the facility for the complete month in order to be included in the denominator. If a patient transfers in or out of the facility, discontinues dialysis, recovers renal function, or dies anytime during the month, the entire patient-month is excluded. The number of sessions is not considered and the patient may not have received treatment at the facility for the entire month to be included. For example, if a patient is hospitalized or travels during the month, the patient may still be included in the facility's measure if they are indicated as the facility's patient that month according to the data as described above. Additionally, patients for whom the only evidence of dialysis treatment is the existence of Medicare claims are considered lost to follow-up and removed from a facility's analysis one year following the last claim, if there is no earlier evidence of transfer, recovery, or death. In other words, if a period of one year passes with neither Medicare dialysis claims nor EQRS information to indicate that a patient is receiving dialysis treatment, we consider the patient lost to follow-up, and do not include the patient in the calculations.

3.10 Denominator Exclusions (CMS CBE Includes "Exception" in the "Exclusion" Field) (CMS CBE Measure Submission Form, Measure Specifications sp.16)

Exclusions that are implicit in the denominator definition include

- Patient-months for patients not assigned to the same facility for the entire month.
- Patients aged 18 years and older as of the first day of the reporting month if EQRS data are used or as of the claim from date if claims data are used.
- Patient-months for patients not on peritoneal dialysis the entire month.
- Patient-months for patients who were on ESRD treatment for less than 91 days as of the first of the month.

There are no additional exclusions for this measure.

3.11 Denominator Exclusion Details (CMS CBE Includes "Exception" in the "Exclusion" Field) (CMS CBE Measure Submission Form, Measure Specifications sp.17)

N/A

3.12	Stratification Details/Variables (CMS CBE Measure Submission Form, Measure Specifications sp.18)
	N/A
3.13	Risk Adjustment Type (CMS CBE Measure Submission Form, Measure Specifications sp.19)
	 ☑ no risk adjustment or risk stratification ☐ stratification by risk category/subgroup ☐ statistical risk model ☐ other
3.14	Type of Score (CMS CBE Measure Submission Form, Measure Specifications sp.20) ☐ count
	□ rate/proportion □ ratio
	\square categorical (e.g., yes or no)
	□ continuous variable (CV) (e.g., an average)□ composite/scale
	☐ other (specify) Click or tap here to enter text.
3.15	Interpretation of Score (CMS CBE Measure Submission Form, Measure Specifications sp.21)
	Better quality = Higher score
3.16	Calculation Algorithm/Measure Logic (CMS CBE Measure Submission Form, Measure Specifications sp.22)
	Denominator: For the reporting month, patients are included in the denominator if:
	1. Patient modality is indicated as peritoneal dialysis during the entire month
	2. Patient age as of the beginning of the reporting month is less than 18 years
	3. Patient has had ESRD for greater than 90 days at the beginning of the month
	4. Patient has been assigned to the facility for the entire month
	Numerator: For the reporting month, patients from the denominator are also included in the numerator if they have a weekly Kt/Vurea >= 1.8.
	If no weekly Kt/Vurea value is reported for a given patient in a month, the most recent peritoneal dialysis weekly Kt/Vurea value in the prior 5 months is applied to the calculation for that month.

3.17	Sampling (CMS CBE Measure Submission Form, Measure Specifications sp.25 and sp.26)
	N/A
3.18	Survey/Patient-Reported Data (CMS CBE Measure Submission Form, Measure Specifications sp.27)
	N/A
3.19	Data Source (CMS CBE Measure Submission Form, Measure Specifications sp.28)
	 □ administrative data ⋈ claims data □ paper patient medical records □ electronic patient medical records □ electronic clinical data
	 ☑ registries ☐ standardized patient assessments ☐ patient-reported data and surveys ☐ non-medical data ☐ other—describe in 3.20 (CMS CBE Measure Submission Form, Measure Specifications sp.29)
3.20	Data Source or Collection Instrument (CMS CBE Measure Submission Form, Measure Specifications sp.29)
	The measure is calculated using EQRS as the primary data source for the Kt/V values used to determine the numerator. If a patient's Kt/V data are missing in EQRS, Kt/V values from Medicare claims are used as an additional source for obtaining that information. Please see the attached data dictionary included above for list of specific data elements that are used from each data source.
3.21	Data Source or Collection Instrument (Reference) (CMS CBE Measure Submission Form, Measure Specifications sp.30)
	N/A
3.22	Level of Analysis (CMS CBE Measure Submission Form, Measure Specifications sp.07)
	☐ individual clinician☐ group/practice☒ hospital/facility/agency

	\square health plan
	\square accountable care organization
	\square geographic population
	\square other (specify) <u>Click or tap here to enter text.</u>
3.23	Care Setting (CMS CBE Measure Submission Form, Measure Specifications sp.08)
	\square ambulatory surgery center
	\square clinician office/clinic
	\square outpatient rehabilitation
	☐ urgent care – ambulatory
	\square behavioral health: inpatient
	\square behavioral health: outpatient
	□ dialysis facility
	\square emergency medical services/ambulance
	\square emergency department
	\square home health
	☐ hospice
	\square hospital
	\square hospital: critical care
	\square hospital: acute care facility
	\square imaging facility
	☐ laboratory
	\square pharmacy
	☐ nursing home/skilled nursing facility (SNF)
	\square inpatient rehabilitation facility (IRF)
	\square long-term acute care
	\square birthing center
	\square no applicable care setting
	\square other (specify) <u>Click or tap here to enter text.</u>
3.24	Composite Measure (CMS CBE Composite Measure Submission Form ☑, Measure Specifications sp.30)
	N/A

REFERENCES

National Kidney Foundation. K/DOQI Clinical Practice Guidelines and Clinical Practice Recommendations for 2006 Updates: Hemodialysis Adequacy, Peritoneal Dialysis Adequacy and Vascular Access. *Am J Kidney Dis.* 2006; 48:S1-S322, (suppl 1).