

MEASURE INFORMATION FORM

Project Title:

Dialysis Facility Compare – Vascular Access

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to calculate and report quality measures for public reporting on Dialysis Facility Compare. The contract name is ESRD Quality Measure Development, Maintenance, and Support. The contract number is HHSM-500-2013-13017I.

Date:

Information included is current beginning with the measures reported in the Quarterly Dialysis Facility Compare Preview Period for October 2016 Report.

Measure Name

Minimizing Use of Catheters as Chronic Dialysis Access

Descriptive Information

Measure Name (Measure Title De.2.)

Minimizing Use of Catheters as Chronic Dialysis Access

Measure Type De.1.

Intermediate Outcome

Brief Description of Measure De.3.

Percentage of patient-months for adult patients on maintenance hemodialysis (HD) during the last HD treatment of the month with a chronic catheter continuously for longer than 90 days prior to the last hemodialysis session.

If Paired or Grouped De.4.

N/A

Subject/Topic Areas De.5.

Renal, Renal: End Stage Renal Disease (ESRD)

Crosscutting Areas De 6.

N/A

Measure Specifications

Measure-specific Web Page S.1.

N/A

If This Is an eMeasure S.2a.

This is not an eMeasure

Data Dictionary, Code Table, or Value Sets S.2b.

No data dictionary

For Endorsement Maintenance S.3.

N/A

Numerator Statement S.4.

Number of patient-months in the denominator in which a chronic catheter was continuously used as hemodialysis access for longer than 90 days prior to the last hemodialysis session during the month.

Time Period for Data S.5.

One month

Numerator Details S.6.

Eligible patient-months in the denominator are assigned to the numerator if V5 is the only modifier reported on claims from any facility in the previous 90 days.

Denominator Statement S.7.

The denominator includes all patient-months for hemodialysis patients who are at least 18 years and have been on ESRD for greater than 90 days as of the first day of the reporting month.

Target Population Category S.8.

Populations at Risk

Denominator Details S.9.

The patient's age will be determined by subtracting the patient's date of birth from the first day of the reporting month.

The denominator will include all hemodialysis patients who are at least 18 years old as of the first day of the reporting month.

Denominator Exclusions (NQF Includes "Exceptions" in the "Exclusion" Field) S.10.

- Patients younger than 18
- Patients not on Hemodialysis
- Patients not on ESRD Treatment
- Non-72x claims
- Patients with ESRD for less than 90 days

There are no additional exclusions for this measure.

Denominator Exclusion Details (NQF Includes "Exceptions" in the "Exclusion" Field) S.11. See above denominator details.

Stratification Details/Variables S.12.

N/A

Risk Adjustment Type S.13.

N/A

Statistical Risk Model and Variables S.14.

N/A

Detailed Risk Model Specifications S.15.

N/A

Type of Score S.16.

Rate/proportion

Interpretation of Score S.17.

Better quality = Lower score

Calculation Algorithm/Measure Logic S.18.

A patient is assigned to a facility if there is at least one claim meeting the inclusion criteria submitted by the facility during the reporting period. A patient can be mapped to more than one facility during a single patient-month.

For this measure calculation, the numerator will be divided by the denominator. Calculation of the numerator and denominator is described below.

The denominator will include all patients who are at least 18 years old, have been on ESRD for greater than 90 days, and are determined to be maintenance hemodialysis as of the first day of the reporting month.

The numerator will be determined by counting the patient months in the denominator with HCPCS Modifier Code V5 as the only modifier reported on claims from any facility in the previous 90 days or longer.

Calculation Algorithm/Measure Logic Diagram URL or Attachment S.19.

No diagram provided

Sampling S.20.

N/A

Survey/Patient-Reported Data S.21.

N/A

Missing Data S.22.

Patients with missing HCPCS Modifier Codes are not excluded from the measure. Therefore, patients for whom access type is missing for the month are still included in the denominator.

Data Source S.23.

Administrative claims

Data Source or Collection Instrument S.24.

Medicare claims and UM-KECC's patient ESRD Database

Data Source or Collection Instrument (Reference) S.25.

Date of birth is obtained from the National ESRD patient database, which is largely derived from the CMS Consolidated Renal Operations in a Web-enabled Network (CROWN), which includes Renal Management Information System (REMIS), the CMS Annual Facility Survey (Form CMS-2744), the CMS Medical Evidence Form (Form CMS-2728), and the Death Notification Form (Form CMS-2746); Medicare dialysis and hospital payment records; transplant data from the Organ Procurement and Transplant Network (OPTN), the Nursing Home Minimum Dataset; the Quality Improvement Evaluation System (QIES) Workbench, which includes data from the Certification and Survey Provider Enhanced Report System (CASPER); the Dialysis Facility Compare (DFC) and the Social Security Death Master File. The database is comprehensive for Medicare patients. Non-Medicare patients are included in all sources except for the Medicare payment records. CROWNWeb provides tracking by dialysis provider and treatment modality for non-Medicare patients.

Level of Analysis S.26.

Facility

Care Setting S.27.

Dialysis Facility

Composite Performance Measure S.28.

N/A