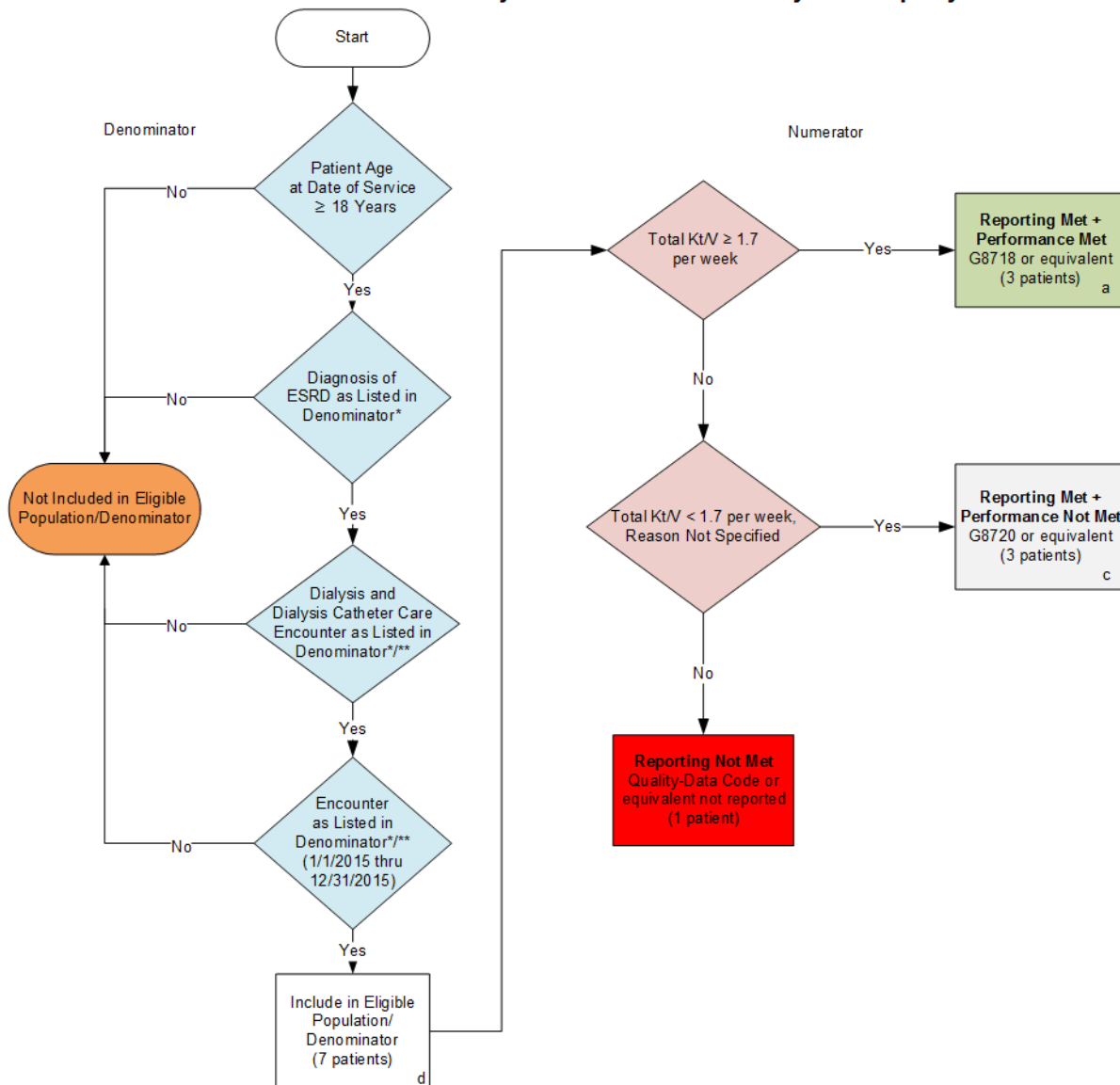


**2015 Registry Individual Measure Flow**  
**PQRS #82 NQF #0321: Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute**



**SAMPLE CALCULATIONS:**

**Reporting Rate=**  

$$\frac{\text{Performance Met (a=3 patients)} + \text{Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=7 patients)}} = \frac{6 \text{ patients}}{7 \text{ patients}} = 85.71\%$$

**Performance Rate=**  

$$\text{Performance Met (a=3 patients)} = \frac{3 \text{ patients}}{6 \text{ patients}} = 50.00\%$$
  
 Reporting Numerator (6 patients) = 6 patients

\* See the posted Measure Specification for specific coding (including codes for dialysis and dialysis catheter care) and instructions to report this measure.

\*\*This measure should be reported according to the following frequency, depending on the number of months during the reporting period a patient is receiving peritoneal dialysis:

- 1-4 consecutive months – report once during the reporting period;
- 5-8 consecutive months – report twice during the reporting period;
- 9-12 consecutive months – report three times during the reporting period.

NOTE: Reporting Frequency: Patient-process

**2015 Registry Individual Measure Flow**  
**PQRS #82 NQF #0321: Adult Kidney Disease: Peritoneal Dialysis Adequacy:**  
**Solute**

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is equal to or greater than 18 years of age at Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is equal to or greater than 18 years of age at Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis for ESRD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis for ESRD as Listed in the Denominator equals Yes, proceed to check Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator.
4. Check Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator:
  - a. If Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Dialysis and Dialysis Catheter Care Encounter as Listed in Denominator equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
  - a. If Encounter as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in Denominator equals Yes, include in the Eligible population.
6. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 7 patients in the sample calculation.
7. Start Numerator
8. Check if Total Kt/V  $\geq 1.7$  per week:
  - a. If Total Kt/V  $\geq 1.7$  per week equals Yes, include in Reporting Met and Performance Met.
  - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.
  - c. If Total Kt/V  $\geq 1.7$  per week equals No, proceed to Total Kt/V  $< 1.7$  per week, Reason Not Specified.

9. Total Kt/V < 1.7 per week, Reason Not Specified:
- If Total Kt/V < 1.7 per week, Reason Not Specified equals Yes, include in the Reporting Met and Performance Not Met.
  - Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.
  - If Total Kt/V < 1.7 per week, Reason Not Specified equals No, proceed to Reporting Not Met.
10. Check Reporting Not Met:
- If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

**SAMPLE CALCULATIONS:**

**Reporting Rate=**

Performance MeT (a=3 patients) + Performance Not Met (c=3 patients) = 6 patients = 85.71%  
Eligible Population / Denominator (d=7 patients) = 7 patients

**Performance Rate=**

Performance MeT (a=3 patients) = 3 patients = 50.00%  
Reporting Numerator (6 patients) = 6 patients