

Medicare ESRD Network Organizations

Glossary

Abstraction -- Abstraction is the collection of information from the medical record via hardcopy or electronic instrument.

Albumin -- One of a class of simple proteins in the blood. The level of albumin may reflect the amount of protein intake in food.

Algorithm -- An algorithm is a rule or procedure containing conditional logic for solving a problem or accomplishing a task. Guideline algorithms concern rules for evaluating patient care against published guidelines. Criteria algorithms concern rules for evaluating criteria compliance. Algorithms may be expressed in written form, graphic outlines, diagrams, or flow charts that describe each step in the work or thought process.

Anemia -- A condition occurring when the blood is deficient in red blood cells and/or hemoglobin which decreases the oxygen-carrying capacity of the blood.

Benchmark -- A benchmark is sustained superior performance by a medical care provider which can be used as a reference to raise the mainstream of care for Medicare beneficiaries. The relative definition of superior will vary from situation to situation. In many instances, an appropriate benchmark would be a provider that appears in the top 10 percent of all providers for more than a year.

Blood Urea Nitrogen (BUN) -- The term, blood urea nitrogen, refers to the substance urea, which is the major breakdown product of protein metabolism and is ordinarily removed by the kidneys. During kidney failure, urea accumulates in proportion to the degree of kidney failure and to the amount of protein breakdown. The symptoms of uremia correspond roughly to the amount of urea in the bloodstream.

Cadaveric Transplant -- The surgical procedure of excising a kidney from a deceased individual and implanting it into a suitable recipient.

Carriers -- Carriers are organizations/entities which contract with CMS to process claims submitted by beneficiaries, physicians, suppliers, and other individuals/entities that are not associated with an institutional provider under the Part B program.

Case Mix -- Case mix is the distribution of patients into categories reflecting differences in severity of illness or resource consumption.

Chronic Maintenance Dialysis -- Dialysis that is regularly furnished to an ESRD patient in a hospital-based, independent (non-hospital-based), or home setting.

Clinical Performance Measure (CPM) -- A clinical performance measure (CPM) is a method or instrument to estimate or monitor the extent to which the actions of a health care practitioner or provider conform to practice guidelines, medical review criteria, or standards of quality.

CMS Agent -- Any individual or organization, public or private, with whom CMS has a contractual arrangement to contribute to or participate in the Medicare survey and certification process. The State survey agency is the most common example of a "CMS agent," as established through the partnership role the State agency (SA) plays in the survey process under the provisions of §1864 of the Act. A private physician serving a contractual consultant role with the SA or the CMS regional office as a part of a survey and certification activity is another example of a "CMS agent."

CMS-Directed Improvement Projects -- A CMS-directed improvement project is any project where CMS specifies the subject, size, pace, data source, analytic techniques, educational intervention techniques, or impact measurement model. These projects may be developed by CMS in consultation with the Networks, the health care community, and other interested groups.

Cohort -- A population group that shares a common property, characteristic, or event, such as a year of birth or year of marriage. The most common one is the birth cohort, a group of individuals born within a defined time period, usually a calendar year or a 5-year interval.

Continuous Ambulatory Peritoneal Dialysis (CAPD) -- A type of dialysis where the patient's peritoneal membrane is used as the dialyzer. The patient dialyzes at home, using special supplies, but without the need for a machine. (See Peritoneal Dialysis.)

Continuous Cycling Peritoneal Dialysis (CCPD) -- A type of dialysis where the patient generally dialyzes at home and utilizes an automated peritoneal cyclor for delivering dialysis exchanges. (See Peritoneal Dialysis.)

Continuous Peritoneal Dialysis -- A regimen where peritoneal dialysate is present in the peritoneal cavity continuously seven days per week. Short interruptions between infrequent exchanges do not disqualify the regime as continuous if the interruptions do not exceed 10 percent of the total dialysis time. (See Peritoneal Dialysis.)

Continuous Quality Improvement (CQI) -- A process which continuously monitors program performance. When a quality problem is identified, CQI develops a revised approach to that problem and monitors implementation and success of the revised approach. The process includes involvement at all stages by all organizations which are affected by the problem and/or involved in implementing the revised approach.

Criteria -- Expected levels of achievement or specifications against which performance can be assessed.

Department of Health and Human Services (DHHS) -- DHHS administers many of the "social" programs at the Federal level dealing with the health and welfare of the citizens of the United States. It is the "parent" of the Centers for Medicare & Medicaid Services.

Dialysate -- Dialysate or dialysate fluid is the solution used in dialysis to remove excess fluids and waste products from the blood.

Dialysis -- Dialysis is a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane. The two types of dialysis that are currently in common use are hemodialysis and peritoneal dialysis.

Dialysis Center (renal) -- A hospital unit that is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis) furnished directly or under arrangement.

Dialysis Facility (renal) -- A unit (hospital-based or free-standing) which is approved to furnish dialysis services directly to ESRD patients.

Dialysis Station -- A portion of the dialysis patient treatment area which accommodates the equipment necessary to provide a hemodialysis or peritoneal dialysis treatment. This station must have sufficient area to house a chair or bed, the dialysis equipment, and emergency equipment if needed. Provision for privacy is ordinarily supplied by drapes or screens.

Durable Medical Equipment (DME) -- DME are items covered under the Medicare program such as oxygen equipment, wheelchairs, and other medically necessary equipment prescribed by a physician for a patient's in-home use.

End Stage Renal Disease (ESRD) -- That stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.

ESRD Facility -- A facility which is approved to furnish at least one specific ESRD service. These services may be performed in a renal transplantation center, renal dialysis center, renal dialysis facility, self-dialysis unit, or special purpose renal dialysis facility.

ESRD Network -- All Medicare-approved ESRD facilities in a designated geographic area specified by CMS.

ESRD Network Organization -- The administrative governing body of the ESRD Network and liaison to the Federal government.

ESRD Patient -- A person with irreversible and permanent kidney failure who requires a regular course of dialysis or kidney transplantation to maintain life.

ESRD Service -- The type of care or service furnished to an ESRD patient. Such types of care are: transplantation; dialysis; outpatient dialysis; staff-assisted dialysis; self-dialysis; home dialysis; and self-dialysis and home dialysis training.

Guidelines -- Guidelines are systematically developed by appropriate groups to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances.

Health Care Quality Improvement Program (HCQIP) -- HCQIP is a program which supports the mission of the Centers for Medicare & Medicaid Services to assure health care security for beneficiaries. The mission of HCQIP is to promote the quality, effectiveness, and efficiency of services to Medicare beneficiaries by strengthening the community of those committed to improving quality, monitoring and improving quality of care, communicating with beneficiaries and health care providers, practitioners, and plans to promote informed health choices, protecting beneficiaries from poor care, and strengthening the infrastructure.

Hematocrit -- A measurement of red blood cell volume in the blood.

Hemodiafiltration (Also called high flux hemodiafiltration and double high flux hemodiafiltration) -- Simultaneous hemodialysis and hemofiltration which involves the removal of large volumes of fluid and fluid replacement to maintain hemodynamic stability. It requires use of ultra pure dialysate or intravenous fluid for volume replacement.

Hemodialysis -- A method of dialysis in which blood from a patient's body is circulated through an external device or machine and then returned to the patient's bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

Hemofiltration -- Fluid removal

Home Patients -- Medically-able individuals who have their own dialysis equipment at home and, after proper training, perform their own dialysis treatment alone or with the assistance of a helper.

Improvement Plan -- A plan for measurable process or outcome improvement. This plan is usually developed cooperatively by a provider and the Network. The plan must address how and when its results will be measured.

Incidence -- The frequency of new occurrences of a condition within a defined time interval. The incidence rate is the number of new cases of specific disease divided by the number of people in a population over a specified period of time, usually 1 year.

Indicator -- A key clinical value or quality characteristic used to measure, over time, the performance, processes, and outcomes of an organization or some component of health care delivery.

Intermediaries -- Intermediaries are entities that contract with CMS to perform Medicare administrative services for institutional providers (i.e., hospitals, SNFs, HHAs, and hospices) and all ESRD providers, and to determine and make Medicare payments for Part A or Part B benefits.

Intermittent Peritoneal Dialysis -- An intermittent (periodic), supine regimen, which uses intermittent flow technique, automated, assisted manual, or manual method in dialysis sessions 2 to 4-times weekly.

Living Donor Kidney Transplant -- The surgical procedure of excising a kidney from a living donor and implanting it into a suitable recipient.

Managed Care Organizations -- Managed care organizations are entities that serve Medicare or Medicaid beneficiaries on a risk basis through a network of employed or affiliated providers.

Measurement -- The systematic process of data collection, repeated over time or at a single point in time.

Medicare+Choice (M+C) Organization -- An M+C organization is a public or private entity organized and licensed by a State as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the M+C contract requirements.

Medicare+Choice (M+C) Plan -- An M+C plan means health benefits coverage offered under a policy or contract by an M+C organization that includes a specific set of health benefits offered at a uniform premium and uniform level of cost-sharing to all Medicare beneficiaries residing in the service area of the M+C plan.

Medicare Eligibility Requirements -- To qualify for Medicare under the renal provision, a person must have ESRD and either be entitled to a monthly insurance benefit under title II of the Act (or an annuity under the Railroad Retirement Act), be fully or currently insured under Social Security (railroad work may count), or be the spouse or dependent child of a person who meets at least one of these last two requirements. There is no minimum age for eligibility under the renal disease provision. An Application for Health Insurance Benefits Under Medicare For Individuals with Chronic Renal Disease, Form CMS-43 (effective October 1, 1978), must be filed.

Medicare Handbook -- The Medicare Handbook provides information on such things as how to file a claim and what type of care is covered under the Medicare program. This handbook is given to all beneficiaries when first enrolled in the program.

Modality -- Methods of treatment for kidney failure/ESRD. Modality types include transplant, hemodialysis, and peritoneal dialysis.

Monitoring -- A planned, systematic, and ongoing process to gather and organize data, and aggregate results in order to evaluate performance.

Morbidity -- A diseased state, often used in the context of a "morbidity rate," i.e., the rate of disease or proportion of diseased people in a population. In common clinical usage, any disease state, including diagnoses and complications, is referred to as morbidity.

Morbidity Rate -- The rate of illness in a population. The number of people ill during a time period divided by the number of people in the total population.

Mortality Rate -- The death rate, often made explicit for a particular characteristic, e.g., gender, sex, or specific cause of death. Mortality rate contains three essential elements: (1) the number of people in a population group exposed to the risk of death (the denominator); (2) a time factor; and (3) the number of deaths occurring in the exposed population during a certain time period (the numerator).

National Improvement Projects -- HCQIP projects developed by a group consisting of representatives of some or all of the following groups: CMS, Public Health Service, Networks, renal provider, and consumer communities. The object is to use statistical analysis to identify better patterns of care and outcomes and to feed the results of that analysis back into the provider community to improve the quality of care provided to renal Medicare beneficiaries. Each project will have a particular clinical focus.

Organ -- Organ means a human kidney, liver, heart, lung, or pancreas.

Organ Procurement -- The process of acquiring donor kidneys in the ESRD program.

Organ Procurement Organization (OPO) -- An organization that performs or coordinates the retrieval, preservation, and transportation of organs and maintains a system of locating prospective recipients for available organs.

Outcome -- The result of performance (or nonperformance) of a function or process.

Outcome Indicator -- An indicator that assesses what happens or does not happen to a patient following a process; agreed upon desired patient characteristics to be achieved; or undesired patient conditions to be avoided.

Part A of Medicare -- Part A is the hospital insurance portion of Medicare. It was established by [§1811](#) of title XVIII of the Social Security Act of 1965, as amended, and covers inpatient hospital care, skilled nursing facility care, some home health agency services, and hospice care.

Part B of Medicare -- Part B is the supplementary or "physicians" insurance portion of Medicare. It was established by [§1831](#) of title XVIII of the Social Security Act of 1965, as amended, and covers services of physicians/other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by the hospital insurance part of Medicare.

Pattern Analysis -- The clinical and statistical analysis of data sets. Frequently used ESRD data sets include the PMMIS, USRDS, the core indicators, Network files, or CMS analytic files.

Performance -- The way in which an individual, group, or organization carries out or accomplishes its important functions or processes.

Performance Assessment -- Involves analysis and interpretation of performance measurement data to transform it into useful information for purposes of continuous performance improvement.

Performance Measure -- A gauge used to assess the performance of a process or function of any organization.

Peritoneal Dialysis -- A procedure that introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (a membrane which surrounds the intestines and other organs in the abdominal cavity). It functions in a manner similar to that of the artificial semi-permeable membrane in the hemodialysis machine. Three forms of peritoneal dialysis are continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis, and intermittent peritoneal dialysis.

Prevalence -- The number of existing cases of a disease or condition in a given population at a specific time.

Process -- A goal-directed, interrelated series of actions, events, mechanisms, or steps.

Process Improvement -- A methodology utilized to make improvements to a process through the use of continuous quality improvement methods.

Process Indicator -- A gauge that measures a goal-directed, interrelated series of actions, events, mechanisms, or steps.

Profiles -- Data aggregated by specific time period (e.g., quarterly, annually) and target area (e.g., facility, State) for purposes of identifying patterns.

Program Management and Medical Information System (PMMIS) -- An automated system of records that contains records primarily of current Medicare-eligible ESRD patients, but also maintains historical information on people no longer classified as ESRD patients because of death or successful transplantation or recovery of renal function. The PMMIS contains medical information on patients and the services that they received

during the course of their therapy. In addition, it contains information on ESRD facilities and facility payment. Beginning January 1, 1995, the PMMIS collects information on all dialysis and kidney transplant patients.

Quality -- Quality, as defined by the Institute of Medicine, is the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.

Random Sample -- A random sample is a group selected for study which is drawn at random from the universe of cases by a statistically valid method.

Regional Office (RO) -- CMS has 10 ROs that work closely together with Medicare contractors in their assigned geographical areas on a day-to-day basis. Four of these ROs monitor Network contractor performance, negotiate contractor budgets, distribute administrative monies to contractors, work with contractors when corrective actions are needed, and provide a variety of other liaison services to the contractors in their respective regions.

Rehabilitation (as distinguished from Vocational Rehabilitation) -- A restorative process through which an individual with ESRD develops and maintains self-sufficient functioning consistent with his/her capability.

Renal Transplant Center -- A hospital unit that is approved to furnish transplantation and other medical and surgical specialty services directly for the care of ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

Self-dialysis -- Dialysis performed with little or no professional assistance (except in emergency situations), by an ESRD patient who has completed an appropriate course of training, in a dialysis facility or at home.

Staff-assisted Dialysis -- Dialysis performed by the staff of the renal dialysis center or facility.

State Survey -- Under [§1864](#) of the Act, CMS has entered into agreements with agencies of State governments, typically the agency that licenses health facilities within the State health departments, to conduct surveys of Medicare participating providers and suppliers for purposes of determining compliance with Medicare requirements for participation in the Medicare program.

Survey and Certification Process -- The activity conducted by State survey agencies or other CMS agents under the direction of CMS and within the scope of applicable regulations and operating instructions and under the provisions of §1864 of the Act whereby surveyors determine compliance or noncompliance of Medicare providers and suppliers with applicable Medicare requirements for participation. The survey and certification process for each provider and supplier is outlined in detail in the State Operations and Regional Office Manuals published by CMS.

Systematic -- Pursuing a defined objective(s) in a planned, step-by-step manner.

Transient Patients -- Patients who receive treatments on an episodic basis and are not a part of a facility's regular caseload (i.e., patients who have not been permanently transferred to a facility for ongoing treatments).

Transplant -- The surgical procedure that involves removing a functional organ from either a deceased or living donor and implanting it in a patient needing a functional organ to replace their non-functional organ.

Vocational Rehabilitation (VR) -- The process of facilitating an individual in the choice of or return to a suitable vocation. When necessary, assisting the patient to obtain training for such a vocation. Vocational rehabilitation can also mean preparing an individual regardless of age, status (whether U.S. citizen or immigrant), or physical condition (disability other than ESRD) to cope emotionally, psychologically, and physically with changing circumstances in life, including remaining at school or returning to school, work, or work equivalent (homemaker).