Last Revised: July 9, 2026

Rule of Record: Calendar Year (CY) 2027 ESRD Prospective Payment System (PPS) Proposed Rule

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Infection Monitoring: National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients (Clinical Measure)

Domain – *Safety*
Lower rate desired

Measure Description

The Standardized Infection Ratio (SIR) of Bloodstream Infections (BSI) will be calculated among patients receiving hemodialysis (HD) at outpatient HD centers (based on CBE ID 1460).

Measure Type

Outcome

Numerator Statement

The number of new positive blood culture events based on blood cultures drawn as an outpatient or within one calendar day after a hospital admission. A positive blood culture is considered a new event and counted only if it occurred greater than 21 days after a previous positive blood culture in the same patient.

Denominator Statement

Number of maintenance HD patients treated in the outpatient HD center on the first two working days of the month

Exclusions

Facility Exclusions

1. Facilities that do not provide in-center HD in each month of the performance period
2. Facilities with a CCN certification date on or after October 1 of the year prior to the performance year
3. Facilities that treat fewer than 11 in-center HD patients during the performance period
4. Facilities with approved Extraordinary Circumstances Exception (ECE)

Patient Exclusions

1. Patients receiving only inpatient HD during the reporting month
2. Patients receiving only home HD or peritoneal dialysis during the reporting month
3. Patients not receiving ESRD treatment. ESRD treatment is defined by a completed Medical Evidence Form (CMS-2728) indicating dialysis at a facility, an EQRS record indicating dialysis treatment, or a dialysis facility ESRD claim indicating treatment 3 times per week in a 60-day period.

Minimum Data Requirements

1. 12 months of data reported to NHSN

Data Source(s)

1. NHSN (for Risk-Adjusted Standardized Infection Rates)
2. ESRD Quality Reporting System (EQRS)
3. Enrollment Data Base (EDB) and other CMS ESRD administrative data
4. Medicare claims (to determine patient-minimum exclusion)

Additional Information

1. Facilities are required to meet enrollment and training requirements, as specified at the Centers for Disease Prevention and Control's (CDC's) National Healthcare Safety Network (NHSN) website at: http://www.cdc.gov/nhsn/dialysis/enroll.html and http://www.cdc.gov/nhsn/Training/dialysis/index.html.
2. A positive blood culture is considered a new event and counted only if it occurred greater than 21 days after a previously reported positive blood culture in the same patient.
3. Hemodiafiltration patients are included with hemodialysis patients in the measure calculation.
4. Facilities that do not submit 12 months of data in accordance with the CDC's NHSN Dialysis Event Protocol receive zero points for the measure.
5. Facilities are required to follow the CDC's NHSN Dialysis Event Protocol and submit data to NHSN by the quarterly deadlines specified by the CDC's NHSN and ESRD QIP website: https://www.cdc.gov/nhsn/faqs/dialysis/faq-esrd-qip.html. Once the quarterly reporting deadline has passed, a frozen data file is created for calculating final ESRD QIP scores. Although the NHSN Dialysis Event Protocol includes an expectation that users report any additional information retrospectively in order to ensure NHSN data are complete and accurate, only data reported prior to the ESRD QIP quarterly reporting deadline will be used to calculate ESRD QIP scores.
6. Additional details on the NHSN BSI measure can be found here: https://www.cdc.gov/nhsn/bsirebaseline/analysis-resources.html.

Patient Experience of Care: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey (Clinical Measure)

Domain – *Patient and Family Engagement*
Higher rate desired

Measure Description

Percentage of patient responses to multiple survey measures to assess their dialysis providers, the quality of dialysis care they receive, and information sharing about their disease. Survey is administered twice a year.

Two Composite Measure Scores: The proportion of respondents answering each response option by item, created from six or more questions from the survey that are reported as one measure score. Composites include: Quality of Dialysis Center Care and Operations and Providing Information to Patients.

Two Global Items: A scale of 0 to 10 to measure the respondent's assessment of the following: Rating of dialysis center staff and Rating of the dialysis facility (CBE ID 0258).

Measure Type

Outcome – Patient Reported Outcome (PRO)

Numerator Statement

The measure score averages the proportion of those responding to each answer choice in all questions. Each global rating will be scored based on the number of respondents in the distribution of top responses, e.g., the percentage of patients rating the facility a "9" or "10" on a 0 to 10 scale (with 10 being the best.)

Denominator Statement

Patients with ESRD receiving in-center hemodialysis (ICHD) at the facility for the past 3 months or longer are included in the initial population. The denominator for each question is the number of patients that responded to the particular question.

Exclusions

Facility Exclusions

1. Facilities that attest in EQRS that they treated fewer than 30 eligible ICHD adult patients during the "eligibility period," which is defined as the year prior to the performance period
2. Facilities that treat 30 or more eligible ICHD adult patients during the "eligibility period," but are unable to obtain at least 30 completed surveys during the performance period
3. Facilities with a CCN certification date on or after October 1 of the year prior to the performance year

4. Facilities not offering ICHD as of December 31 of the performance year

Patient Exclusions

1. The following patients are excluded in the count of 30 eligible patients:
   a. Patients less than 18 years on the last day of the sampling window for the semiannual survey.
   b. Patients not receiving ICHD.
   c. Patients receiving HD from their current facility for less than 90 days during the performance period.
   d. Patients receiving hospice care.
   e. Patients currently residing in an institution, such as jail or prison.
   f. Patients who receive ICHD at a nursing home or skilled nursing facility where they reside (as opposed to traveling to an ICHD facility).

Minimum Data Requirements

Facilities are required to have the survey administered twice a year and data to be submitted to CMS twice a year for each performance period.

Data Source(s)

1. ICH CAHPS Survey
2. EQRS
3. CMS ESRD administrative data

Additional Information

1. Facilities are required to register on the https://ichcahps.org website in order to authorize a CMS-approved vendor to administer the survey and submit data on their behalf.
2. Facilities are required to administer the survey twice during the performance period, using a CMS-approved vendor.
3. Facilities are required to ensure that vendors submit survey data to CMS by the date specified at https://ichcahps.org.
4. Adult and pediatric facilities that treat fewer than 30 eligible patients during the eligibility period must attest to this in EQRS in order to not receive a score on the measure; facilities that do not attest that they are ineligible will be considered eligible and will receive a score on the measure.
5. Hemodiafiltration patients should be included with ICHD eligible patient count.
6. Facilities that do not administer two surveys during the performance period will receive a score of 0 on the measure.
7. Facilities that administer two surveys during the performance period but receive less than 30 completed surveys will be excluded from the measure.
8. Additional specifications may be found at https://ichcahps.org.

Standardized Readmission Ratio (SRR) (Clinical Measure)

Domain – *Care Coordination*
Lower rate desired

Measure Description

Ratio of the number of observed unplanned 30-day hospital readmissions to the number of expected unplanned 30-day hospital readmissions. The ratio is expressed as a risk-standardized rate by multiplying the facility standardized readmission ratio by the national average readmission rate.

Measure Type

Outcome

Numerator Statement

The observed number of index hospital discharges that are followed by an unplanned hospital readmission within 4–30 days of discharge

Denominator Statement

The expected number of index discharges followed by an unplanned readmission within 4–30 days in each facility, which is derived from a model that accounts for patient characteristics, the dialysis facility to which the patient is discharged, and the discharging acute care or critical access hospitals involved

Exclusions

Facility Exclusions

1. Facilities with less than 11 index hospital discharges during the calendar year of assessment
2. Calculations of index discharges will exclude the months covered by a granted ECE.

An admission following an index discharge is not considered a potential readmission if it:

1. Occurred more than 30 days after the index discharge.
2. Is considered "planned."
3. Occurred within the first three days following discharge from the acute care hospital.

Index hospital discharges exclude discharges that:

1. End in death.
2. Result in a patient dying within 30 days with no readmission.
3. Are against medical advice.
4. Include a primary diagnosis for certain types of cancer, mental health conditions or rehabilitation.
5. Occur after a patient's 12th admission in the calendar year.
6. Are from a PPS-exempt cancer hospital.

7. Result in a transfer to another acute care or critical access hospital on the same day, or the day after the discharge date.
8. Result in an unplanned readmission occurring within the first three days following discharge from the acute care hospital.
9. Indicate the patient was not on dialysis at discharge.

Minimum Data Requirements

1. Facilities with at least 11 index hospital discharges in the calendar year of assessment

Data Source(s)

1. Medicare Claims
2. EQRS
3. EDB and other CMS ESRD administrative data

Additional Information

1. An index discharge is considered to have been followed by a readmission if there was a hospital admission that (a) occurred within 4 to 30 days of the index hospital discharge; and (b) is not considered a "planned" readmission.
2. Additional information about the measure can be found in the SRR Measure Methodology Report posted at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/MeasureMethodologyReportfortheProposedSRRMeasure.pdf.

Standardized Transfusion Ratio (STrR) (Clinical Measure)

Domain – *Clinical Care*

Lower rate desired

Measure Description

Standardized Transfusion Ratio for Dialysis Facilities (based on CBE ID 2979). STrR is a ratio of the number of eligible red blood cell transfusion events observed in patients dialyzing at a facility, to the number of eligible transfusion events that would be expected under a national norm, after accounting for the patient characteristics within each facility. Eligible transfusions are those that do not have any claims pertaining to the comorbidities identified for exclusion in the one year look back period prior to each observation window. STrR is expressed as a risk-standardized rate by multiplying the facility STrR by the national average transfusion rate.

Measure Type

Outcome

Numerator Statement

Number of eligible observed red blood cell transfusion events: An event is defined as the transfer of one or more units of blood or blood products into a recipient's blood stream (code set is provided in the numerator details) among patients dialyzing at the facility during the inclusion episodes of the reporting period. Inclusion episodes are those that do not have any claims pertaining to the comorbidities identified for exclusion, in the one year look back period prior to each observation window.

Denominator Statement

Number of eligible red blood cell transfusion events (as defined in the numerator statement) that would be expected among patients at a facility during the reporting period, given the patient mix at the facility. Inclusion episodes are those that do not have any claims pertaining to the comorbidities identified for exclusion, in the one year look back period prior to each observation window.

Exclusions

Facility Exclusions

1. Facilities with less than 10 patient-years at risk during the calendar year of assessment
2. Calculations will exclude the months covered by a granted ECE

Patient Exclusions

1. Patients less than 18 years old
2. Patients on ESRD treatment for 90 days or less
3. Patients on dialysis at the facility for fewer than 60 days
4. Time during which a patient is enrolled in Medicare Advantage according to Medicare Enrollment Database

5. Time during which patient has a functioning kidney transplant (exclusion begins 3 days prior to the date of transplant)
6. Patients who have not been treated by any facility for a year or longer
7. Patients with a Medicare claim (Part A inpatient, home health, hospice, and SNF claims; Part B outpatient and physician supplier) for one of the following conditions in one-year look back period: Hemolytic and aplastic anemia, solid organ cancer (breast, prostate, lung, digestive tract and others), lymphoma, carcinoma in situ, coagulation disorders, multiple myeloma, myelodysplastic syndrome and myelofibrosis, leukemia, head and neck cancer, other cancers (connective tissue, skin, and others), metastatic cancer, and sickle cell anemia
8. Patient-months that are not within two months of a month in which a patient has $1,200 of Medicare-paid dialysis claims or at least one Medicare inpatient claim
9. Patients are excluded beginning 60 days after they recover kidney function or withdraw from dialysis.

Minimum Data Requirements

1. Facilities with at least 10 patient-years at risk in the calendar year of assessment

Data Source(s)

1. Medicare Claims
2. EQRS
3. EDB and other CMS ESRD administrative data
4. Long Term Care Minimum Data Set

Additional Information

1. Patients are assigned to a facility only after they have been on dialysis at the facility for the past 60 days.
2. When a patient transfers from one facility to another, the patient continues to be attributed to the original facility for 60 days and then is attributed to the destination facility.
3. A patient-month is considered eligible if it is within two months of a month in which a patient has $1,200 of Medicare-paid dialysis claims or at least one Medicare inpatient (hospital and skilled nursing facilities) claim.
4. If a period of one year without paid dialysis claims nor EQRS information indicates that a patient was receiving dialysis treatment, that patient is considered lost to follow-up and is not included in the analysis. If dialysis claims or other evidence of dialysis reappears, the patient is entered into analysis after 60 days of continuous therapy at a single facility.
5. Patients are removed from facilities three days prior to transplant in order to exclude the transplant hospitalization.

Standardized Hospitalization Ratio (SHR) (Clinical Measure)

Domain – *Care Coordination*
Lower rate desired

Measure Description

Risk-adjusted standardized hospitalization ratio of the number of observed hospitalizations to the number of expected hospitalizations (CBE ID 1463). SHR is expressed as a risk-standardized rate by multiplying the facility SHR by the national average hospitalization rate.

Measure Type

Outcome

Numerator Statement

Number of inpatient hospital admissions among eligible patients at the facility during the reporting period. Index COVID-19 Hospitalizations are not counted as hospitalization events.

Denominator Statement

Number of hospital admissions that would be expected among eligible patients at the facility during the reporting period, given the patient mix at the facility

Exclusions

Facility Exclusions

1. Facilities with less than 5 patient-years at risk during the calendar year of assessment
2. Calculations will exclude the months covered by a granted ECE.

Patient Exclusions

1. First 90 days of ESRD treatment
2. Time during which patient has a functioning kidney transplant (exclusion begins 3 days prior to the date of transplant)
3. Patients treated at the facility for fewer than 60 days
4. Patients are excluded beginning 60 days after they recover renal function or withdraw from dialysis
5. Patients who have not been treated by any facility for a year or longer
6. Months which do not fulfill at least one of these criteria:
    a. Month is within or in the two months following a month in which the patient has $1,200 of Medicare-paid dialysis claims.
    b. Month is within or in the two months following a month in which the patient has at least one Medicare inpatient (hospital and skilled nursing facilities) claim submitted during the month.

c. Patient is enrolled in Medicare Advantage during the month according to the Medicare Enrollment Database.

Minimum Data Requirements

1. Facilities with at least 5 patient-years at risk during the calendar year of assessment

Data Source(s)

1. Medicare Claims
2. EQRS
3. EDB and other CMS ESRD administrative data

Additional Information

1. Patients are assigned to a facility only after they have been on dialysis at the facility for the past 60 days.
2. When a patient transfers from one facility to another, the patient continues to be attributed to the original facility for 60 days and then is attributed to the destination facility.
3. If a period of one year passes with neither paid dialysis claims nor EQRS information to indicate that a patient was receiving dialysis treatment, that patient is considered lost to follow-up and is not included in the analysis. If dialysis claims or other evidence of dialysis reappears, the patient is entered into analysis after 60 days of continuous therapy at a single facility.
4. Patients are removed from facilities three days prior to transplant in order to exclude the transplant hospitalization.
5. Additional information about the measure can be found in the SHR Measure Methodology Report posted at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/SHR-Methodology-Report.pdf.

Kt/V Dialysis Adequacy Topic - Adult Hemodialysis Adequacy (Clinical Measure)

Domain – *Clinical Care*
Higher rate desired

Measure Description

Percentage of all adult hemodialysis (HD) patient-months for patients whose delivered dose of dialysis was greater than or equal to 1.2 during the reporting period (based on CBE ID 0323)

Measure Type

Intermediate Outcome

Numerator Statement

Number of patient-months in the denominator for patients whose delivered dose of dialysis was a single pool spKt/V greater than or equal to 1.2 (calculated from the last measurement of the month using UKM or Daugirdas II)

Denominator Statement

1. All adult (≥ 18 years) HD patient-months where a patient received dialysis greater than two and less than four times a week, and the claim or EQRS did not indicate frequent dialysis
2. All patient-months where a patient was assigned to the same facility for the entire month and had ESRD for more than 90 days

Exclusions

Facility Exclusion

1. Facilities that treat fewer than 11 eligible adult HD patients during the calendar year of assessment
2. For new facilities only, the month in which the CCN becomes effective and the following three months
3. Calculations will exclude the months covered by a granted ECE.

Denominator Exclusions

1. Patients not receiving dialysis greater than two and less than four times a week
2. Patients younger than 18 years old 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
3. Patients not on HD for the entire month
4. Patients on hemodiafiltration during the reporting month
5. Patient-months where the patient is on ESRD treatment for fewer than 91 days as of the first day of the reporting month when using EQRS as the data source. If claims are used as the data source, the 91 days on ESRD treatment is determined based on the claim-from date, representing the start of when care was provided.

6. Patient-months where the patient is not assigned to the same facility for the entire month
7. Patient-months where the patient is assigned to more than one facility

Minimum Data Requirements

1. Facilities with at least 11 eligible patients in the calendar year of assessment

Data Sources

1. EQRS
2. EDB and other CMS ESRD administrative data
3. Medicare Claims

Additional Information

1. HD Kt/V must be calculated from the last measurement of the month (submitted by any facility) using UKM or Daugirdas II method, or the last valid value of the month from the assigned facility when using claims.
2. The number of dialysis sessions per week should be determined using the prescribed sessions per week in EQRS by the assigned facility. If sessions per week is missing from EQRS by the assigned facility, then sessions per week reported in EQRS by any facility is selected. If sessions per week is missing in EQRS, then dialysis sessions per week is calculated using claims submitted by the assigned facility, as the number of dialysis sessions in the claim divided by the time period covered by the claim, with no rounding for the number of sessions per week. The calculated sessions per week must be 4 or more for claims greater than 7 days, and total sessions is 4 or more for claims with 7 days or fewer. Frequent dialysis is also defined when Kt/V=8.88 on any claim submitted during the reporting month. A patient-month is excluded if any claim submitted during the month indicates frequent or infrequent dialysis (if dialysis sessions per week is not reported in EQRS).
3. The reported spKt/V should not include residual renal function.
4. Patient-months with missing Kt/V values in both EQRS and claims, or with missing values in EQRS and Kt/V values in claims=9.99 (not reported) are included in the denominator, but not the numerator.
5. For all in-center HD patients, Kt/V must be reported during the reporting month; if a Kt/V value is not found in EQRS from any facility, it will be obtained from the last reported non-missing and non-expired value from eligible Medicare claims from the assigned facility (when available). For all home HD patients, if a Kt/V value is not found in EQRS during the reporting month, then it will be obtained from claims by the assigned facility (when available). If obtained from claims, the Kt/V must be reported within four months prior to the claim through date.
6. Lab values reported by facilities during granted ECE months will not be used in the calculations.

7. Lab values reported by new facilities during the month in which the CCN becomes effective and the following three months will not be used in the calculations.
8. Out of range values (spKt/V>5.0) are excluded from the numerator (i.e., set to missing).

Kt/V Dialysis Adequacy Topic - Adult Peritoneal Dialysis Adequacy (Clinical Measure)

Domain – *Clinical Care*
Higher rate desired

Measure Description

Percentage of all adult peritoneal dialysis (PD) patient-months for patients whose delivered dose of dialysis was greater than or equal to 1.7 during the reporting period (CBE ID 0318)

Measure Type

Intermediate Outcome

Numerator Statement

Number of patient-months in the denominator for patients whose delivered dose of dialysis was greater than or equal to 1.7 Kt/V (dialytic + residual, measured within the past 4 months)

Denominator Statement

1. All adult PD patient-months where a patient was assigned to the same facility for the entire month and had ESRD for more than 90 days

Exclusions

Facility Exclusion

1. Facilities that treat fewer than 11 eligible adult PD patients during the calendar year of assessment
2. For new facilities only, the month in which the CCN becomes effective and the following three months
3. Calculations will exclude the months covered by a granted ECE.

Denominator Exclusions

1. Patients younger than 18 years old 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
2. Patients not on PD for the entire month
3. Patient-months where the patient is on ESRD treatment for fewer than 91 days as of the first day of the reporting month when using EQRS as the data source. If claims are used as the data source, the 91 days on ESRD treatment is determined based on the claim-from date, representing the start of when care was provided.
4. Patient-months where the patient is not assigned to the same facility for the entire month
5. Patient-months where the patient is assigned to more than one facility

Minimum Data Requirements

1. Facilities with at least 11 eligible patients in the calendar year of assessment

Data Sources

1. EQRS
2. EDB and other CMS ESRD administrative data
3. Medicare Claims

Additional Information

1. Patient-months with missing Kt/V values in both EQRS and claims, or with missing values in EQRS and Kt/V values in claims=9.99 (not reported) are included in the denominator, but not the numerator.
2. If a Kt/V value was not found in EQRS for the patient by any facility during the four-month look back period, then the last reported non-missing and non-expired value reported on the eligible Medicare claim for the patient from the assigned facility during the four-month study period respectively is selected (when available).
3. Lab values reported by facilities during granted ECE months will not be used in the calculations.
4. Lab values reported by new facilities during the month in which the CCN becomes effective and the following three months will not be used in the calculations.
5. Out of range values (Kt/V>8.5) are excluded from the numerator (i.e., set to missing).

Kt/V Dialysis Adequacy Topic - Pediatric Hemodialysis Adequacy (Clinical Measure)

Domain – *Clinical Care*
Higher rate desired

Measure Description

Percentage of all pediatric in-center hemodialysis (HD) patient-months for patients whose delivered dose of dialysis was greater than or equal to 1.2 during the reporting period (CBE ID 1423)

Measure Type

Intermediate Outcome

Numerator Statement

Number of patient-months in the denominator for patients whose delivered dose of dialysis was a single pool spKt/V greater than or equal to 1.2 (calculated from the last measurement of the month using UKM or Daugirdas II)

Denominator Statement

1. All pediatric (< 18 years) in-center HD patient-months where a patient received dialysis greater than two and less than four times a week, and the claim or EQRS did not indicate frequent dialysis
2. All patient-months where a patient was assigned to the same facility for the entire month and had ESRD for more than 90 days

Exclusions

Facility Exclusion

1. Facilities that treat fewer than 11 eligible pediatric HD patients during the calendar year of assessment
2. For new facilities only, the month in which the CCN becomes effective and the following three months
3. Calculations will exclude the months covered by a granted ECE.

Denominator Exclusions

1. Patients not receiving dialysis greater than two and less than four times a week
2. Patients 18 years or 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
3. Patients not on in-center HD for the entire month
4. Patients on hemodiafiltration during the reporting month
5. Patient-months where the patient is on ESRD treatment for fewer than 91 days as of the first day of the reporting month when using EQRS as the data source. If claims are

used as the data source, the 91 days on ESRD treatment is determined based on the claim-from date, representing the start of when care was provided.

6. Patient-months where the patient is not assigned to the same facility for the entire month
7. Patient-months where the patient is assigned to more than one facility

Minimum Data Requirements

1. Facilities with at least 11 eligible patients in the calendar year of assessment

Data Sources

1. EQRS
2. EDB and other CMS ESRD administrative data
3. Medicare Claims

Additional Information

1. HD Kt/V must be calculated from the last measurement of the month (submitted by any facility) using UKM or Daugirdas II method, or the last valid value of the month from the assigned facility when using claims.
2. The number of dialysis sessions per week should be determined using the prescribed sessions per week in EQRS by the assigned facility. If sessions per week is missing from EQRS by the assigned facility, then sessions per week reported in EQRS by any facility is selected. If sessions per week is missing in EQRS, then dialysis sessions per week is calculated using claims submitted by the assigned facility, as the number of dialysis sessions in the claim divided by the time period covered by the claim, with no rounding for the number of sessions per week. The calculated sessions per week must be 4 or more for claims greater than 7 days, and total sessions is 4 or more for claims with 7 days or fewer. Frequent dialysis is also defined when Kt/V=8.88 on any claim submitted during the reporting month. A patient-month is excluded if any claim submitted during the month indicates frequent or infrequent dialysis (if dialysis sessions per week is not reported in EQRS).
3. The reported spKt/V should not include residual renal function.
4. Patient-months with missing Kt/V values in both EQRS and claims, or with missing values in EQRS and Kt/V values in claims=9.99 (not reported) are included in the denominator, but not the numerator.
5. Kt/V must be reported during the reporting month; if a Kt/V value is not found in EQRS from any facility, it will be obtained from the last reported non-missing and non-expired value from eligible Medicare claims from the assigned facility (when available).
6. Lab values reported by facilities during granted ECE months will not be used in the calculations.
7. Lab values reported by new facilities during the month in which the CCN becomes effective and the following three months will not be used in the calculations.
8. Out of range values (spKt/V>5.0) are excluded from the numerator (i.e., set to missing).

Kt/V Dialysis Adequacy Topic - Pediatric Peritoneal Dialysis Adequacy (Clinical Measure)

Domain – *Clinical Care*
Higher rate desired

Measure Description

Percentage of all pediatric peritoneal dialysis (PD) patient-months for patients whose delivered dose of dialysis was greater than or equal to 1.8 during the reporting period (CBE ID 2706)

Measure Type

Intermediate Outcome

Numerator Statement

Number of patient-months in the denominator for patients whose delivered dose of dialysis was greater than or equal to 1.8 Kt/V (dialytic + residual, measured within the past 6 months)

Denominator Statement

1. All pediatric PD patient-months where a patient was assigned to the same facility for the entire month and had ESRD for more than 90 days

Exclusions

Facility Exclusion

1. Facilities that treat fewer than 11 eligible pediatric PD patients during the calendar year of assessment
2. For new facilities only, the month in which the CCN becomes effective and the following three months
3. Calculations will exclude the months covered by a granted ECE.

Denominator Exclusions

1. Patients 18 years or 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
2. Patients not on PD for the entire month
3. Patient-months where the patient is on ESRD treatment for fewer than 91 days as of the first day of the reporting month when using EQRS as the data source. If claims are used as the data source, the 91 days on ESRD treatment is determined based on the claim-from date, representing the start of when care was provided.
4. Patient-months where the patient is not assigned to the same facility for the entire month
5. Patient-months where the patient is assigned to more than one facility

Minimum Data Requirements

1. Facilities with at least 11 eligible patients in the calendar year of assessment

Data Sources

1. EQRS
2. EDB and other CMS ESRD administrative data
3. Medicare Claims

Additional Information

1. Patient-months with missing Kt/V values in both EQRS and claims, or with missing values in EQRS and Kt/V values in claims=9.99 (not reported) are included in the denominator, but not the numerator.
2. If a Kt/V value was not found in EQRS for the patient by any facility during the six-month look back period, then the last reported non-missing and non-expired value reported on the eligible Medicare claim for the patient from the assigned facility during the six-month study period respectively is selected (when available).
3. Lab values reported by facilities during granted ECE months will not be used in the calculations.
4. Lab values reported by new facilities during the month in which the CCN becomes effective and the following three months will not be used in the calculations.
5. Out of range values (Kt/V>8.5) are excluded from the numerator (i.e., set to missing).

Hemodialysis Vascular Access: Long-term Catheter Rate (Clinical Measure)

Domain – *Clinical Care*
Lower rate desired

Measure Description

Percentage of adult hemodialysis (HD) patient-months using a catheter continuously for three months or longer for vascular access (CBE ID 2978)

Measure Type

Intermediate Outcome

Numerator Statement

Number of adult patient-months in the denominator where the patient is on maintenance HD using a catheter continuously for three months or longer as of the last HD session of the reporting month

Denominator Statement

All patient-months where the patient is at least 18 years old as of the first day of the reporting month and is determined to be a maintenance HD patient (in-center and home HD) for the complete reporting month at the same facility

Exclusions

Facility Exclusion

1. Facilities treating fewer than 11 eligible patients during the performance period
2. For new facilities only, the month in which the CCN becomes effective and the following three months
3. Calculations will exclude the months covered by a granted ECE.

Patient Exclusions

1. Pediatric patients (<18 years old)
2. Patient-months not on HD
3. Patient-months with in-center or home HD for less than a complete reporting month at the same facility
4. Patient-months where a patient with a catheter has a limited life expectancy, defined as:
   a. Patients under hospice care in the current reporting month.
   b. Patients with metastatic cancer in the past 12 months.
   c. Patients with end stage liver disease in the past 12 months.
   d. Patients with coma or anoxic brain injury in the past 12 months.
5. Patients not on ESRD treatment

Minimum Data Requirements

1. Facilities with at least 11 eligible patients during the calendar year of assessment

Data Source(s)

1. EQRS
2. Medicare Claims
3. EDB and other CMS ESRD administrative data

Additional Information

1. Vascular access type is determined solely using EQRS data.
2. If multiple vascular access types for a patient were reported during a reporting month, the last vascular access type reported by the assigned facility is used in the calculation. If the vascular access type is missing from the assigned facility, we will substitute with the last vascular access type reported by other facilities.
3. Patients are considered to have long-term catheter use if they are assigned to the same facility for at least three consecutive complete months as of the last HD session of the reporting month.
4. Hemodiafiltration patients are included with hemodialysis patients in the measure calculation.
5. Vascular access type reported by facilities during ECE months will not be considered in calculations.
6. Vascular access type reported in November and December of the previous year will be used in calculations for January and February of the baseline and performance period.

Hyperphosphatemia (Clinical Measure)

Domain – *Clinical Care*
Lower rate desired

Measure Description

Percentage of adult dialysis patients with a 6-month rolling average phosphorus value greater than or equal to 6.5 mg/dL or missing during the reporting period (CBE ID 4650)

Measure Type

Intermediate Outcome

Numerator Statement

Number of patient reporting months in the denominator with a 6-month rolling average phosphorus greater than or equal to 6.5 mg/dL or missing

Denominator Statement

Number of patient reporting months among adult (greater than or equal to 18 years old) in-center hemodialysis, home hemodialysis, or peritoneal dialysis patients under the care of the dialysis facility for the entire reporting month who have had ESRD for greater than 90 days

Exclusions

Facility Exclusions

1. Facilities treating fewer than 11 eligible patients during the calendar year of assessment
2. Facilities with CCN certification date on or after April 1 of performance period
3. Calculations will exclude the months covered by a granted ECE
4. For new facilities only, the month in which the CCN becomes effective and the following three months

Patient Exclusions

1. Patients younger than 18 years
2. Patients with BMI under 18.5 at ESRD incidence
3. Patient-months with 6-month rolling average albumin of less than 3.5 g/dL
4. Patient-months for patients who are on ESRD treatment for less than 91 days as of the first day of the reporting month
5. Patients not receiving ESRD treatment. ESRD treatment is defined by a completed Medical Evidence Form (CMS-2728) indicating dialysis at a facility, an EQRS record indicating dialysis treatment, or a dialysis facility ESRD claim indicating treatment 3 times per week in a 60-day period.
6. Patient-months for patients not assigned to the same facility for the entire reporting month and prior 5 months.
7. Patients who do not have HD or PD treatment modality during the reporting month

Minimum Data Requirements

1. Facilities with at least 11 eligible patients during the calendar year of assessment

Data Source(s)

1. EQRS
2. Medicare Claims
3. EDB and other CMS ESRD administrative data

Additional Information

1. This measure includes in-center HD, home HD, and PD patients.
2. Hemodiafiltration patients are included with hemodialysis patients in the measure calculation.
3. The phosphorus or albumin value reported by the facility is used. The facility may obtain this value from an external source (such as an external laboratory or a hospital) to reduce patient burden or inconvenience.
4. August through December of the prior calendar year will be used to calculate the 6-month rolling average for January – May of the current reporting year. The 6-month rolling average phosphorus is calculated by taking the first phosphorus value from the current month and up to 5 prior consecutive calendar months for a given patient. These values are averaged to create a rolling average for the current reporting month. If there are multiple phosphorus measurements during the month, only the first value in the calendar month will be used for the calculation.
5. Patients were included in the facility only if they remained at the same facility for the full reporting month and the preceding five months. Each of these six months must satisfy two criteria: the patient had ESRD for at least 91 days and was age 18 years or older as of the start of the month. For patients meeting these requirements, the current month's phosphorus level is calculated as a six-month average. A maximum of two missing values is permitted; if more than two months are missing, the current month's phosphorus value is recorded as missing. The missing phosphorus will be categorized as hyperphosphatemia and counted in numerator.
6. Phosphorus lab values <0.1 mg/dL or >20 mg/dL are considered as out of range and are set to missing.
7. Lab values reported by facilities during ECE months will not be used in the calculations.
8. Lab values reported by new facilities during the month in which the CCN becomes effective and the following three months will not be used in the calculations.

Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW) (Clinical Measure)

Domain – *Care Coordination*
Higher rate desired

Measure Description

Percentage of patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist averaged across patients prevalent on the last day of each month during the performance period

Measure Type

Outcome

Numerator Statement

Number of patient-months in which the patient at the dialysis facility is on the kidney or kidney-pancreas waitlist as of the last day of each month during the performance period

Denominator Statement

All patient-months for patients who are under the age of 75 on the last day of each month and are assigned to the dialysis facility according to each patient's treatment history as of the last day of each month during the reporting year

Exclusions

Facility Exclusions

1. Facilities treating fewer than 11 eligible patients during the calendar year of assessment
2. Calculations will exclude the months covered by a granted ECE.

Patient Exclusions

1. Patients 75 years old and older on the last day of each month during the performance period
2. Patients admitted to a skilled nursing facility (SNF) or hospice during the evaluation month are excluded from that month
3. Patients admitted to a SNF at incidence or previously were excluded, according to the Medical Evidence Form (CMS-2728)

Minimum Data Requirements

1. Facilities with at least 11 eligible patients during the calendar year of assessment.

Data Source(s)

1. EQRS
2. Organ Procurement and Transplant Network (OPTN)
3. Nursing Home Minimum Dataset

4. Medicare hospice claims data
5. Other CMS ESRD administrative data

Additional Information

1. This measure is currently age-adjusted, with age updated each month.
2. The measure is a directly standardized percentage in that each facility's percentage of prevalent patients waitlisted is adjusted to the national age distribution (all facilities combined).

Clinical Depression Screening and Follow-Up (Clinical Measure)

Domain – *Care Coordination*
Higher rate desired

Measure Description

The percentage of eligible patients for which a facility reports in EQRS one of four conditions related to clinical depression screening and follow-up (as provided below in the "Additional Information" section) before the close of the clinical month of December in EQRS (based on CBE ID 0418)

Measure Type

Process

Numerator Statement

Number of eligible patients in the performance period for whom a facility successfully reports one of four conditions related to clinical depression screening and follow-up

Denominator Statement

Number of eligible patients in the performance period

Exclusions

Facility Exclusions

1. Facilities with a CCN certification date on or after September 1 of the performance period
2. Facilities treating fewer than 11 eligible patients during the performance period
3. Calculations will exclude the months covered by a granted ECE.

Patient Exclusions

1. Patients who are younger than 12 years
2. Patients treated at the facility for fewer than 90 days during the performance period
3. Patients who do not have HD or PD treatment modality during the performance period
4. Patients not receiving ESRD treatment. ESRD treatment is defined by a completed Medical Evidence Form (CMS-2728) indicating dialysis at a facility, an EQRS record indicating dialysis treatment, or a dialysis facility ESRD claim indicating treatment 3 times per week in a 60-day period.

Data Source(s)

1. EQRS
2. EDB and other CMS ESRD administrative data

Additional Information

1. Hemodiafiltration patients are included with hemodialysis patients in the measure calculation.
2. Facilities can select one of six conditions in EQRS:
    1) Screening for clinical depression is documented as being positive, and a follow-up plan is documented.
    2) Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possesses documentation stating the patient is not eligible.
    3) Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.
    4) Screening for clinical depression is documented as negative, and a follow-up plan is not required.
    5) Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible.
    6) Clinical depression screening not documented, and no reason is given.
3. Facilities are required to select condition 1, 2, 4, or 5 for all eligible patients to be counted in the numerator.
4. A patient is not eligible if one or more of the following conditions are documented during the encounter during the measurement period:
    a. Patient has an active diagnosis of depression prior to any encounter during the measurement period.
    b. Patient has a diagnosed bipolar disorder prior to any encounter during the measurement period.