

KIDNEY CARE QUALITY ALLIANCE

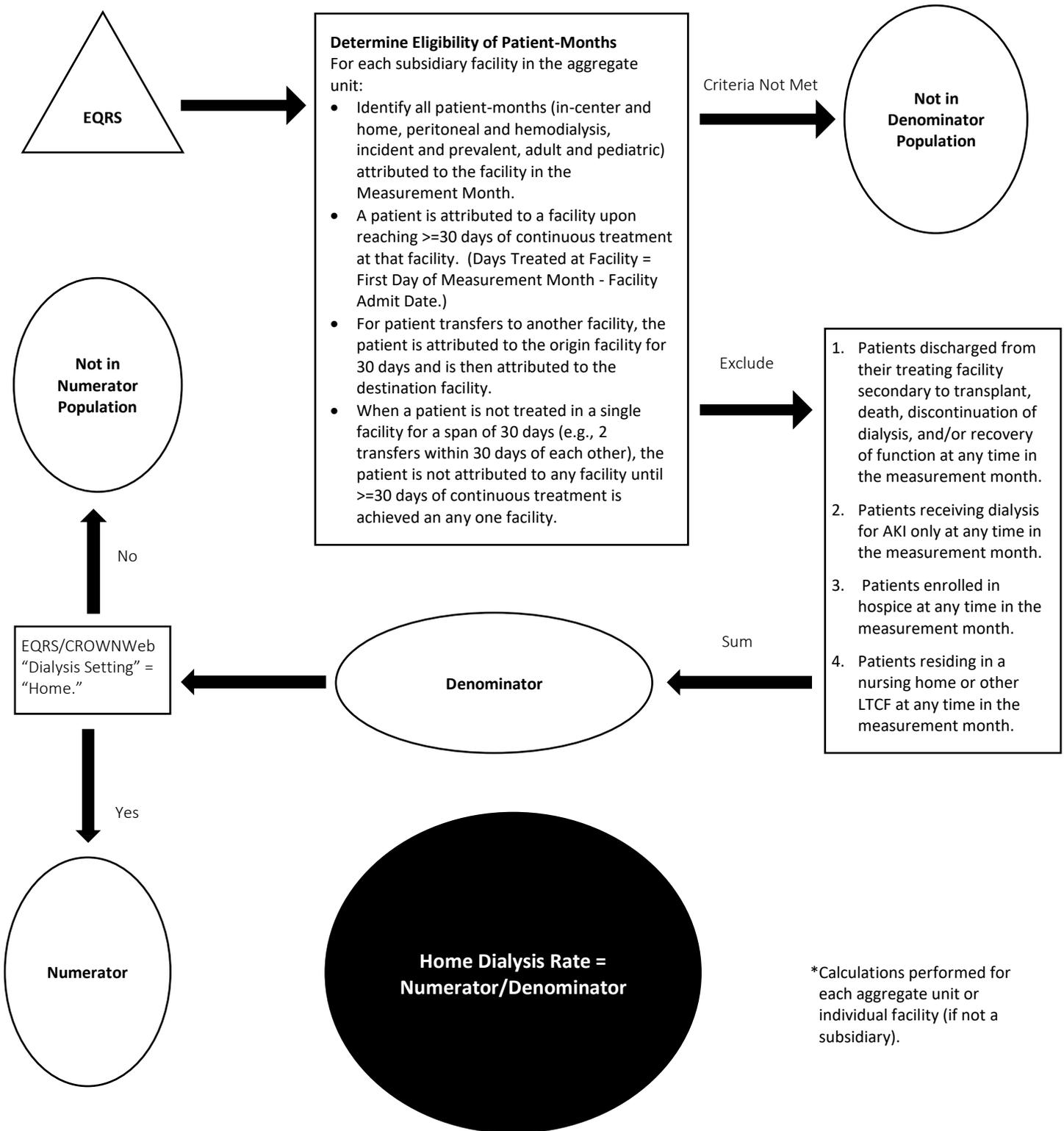
KCQA HOME DIALYSIS RATE MEASURE SPECIFICATIONS

| MEASURE A: HOME DIALYSIS RATE MEASURE | |
|---------------------------------------|---|
| Description | Percent of all dialysis patient-months in the measurement year in which the patient was dialyzing via a home dialysis modality (peritoneal dialysis and/or home hemodialysis). |
| Measure Type | Intermediate outcome. |
| Score Interpretation | A higher score indicates better performance. |
| Data Source | Electronic medical records. |
| Level of Analysis | Aggregated to parent dialysis organizations within a Hospital Referral Region (HRR). ¹ |
| Numerator | Patient-months from the denominator in which the patient was dialyzing via a home modality (peritoneal dialysis and/or home hemodialysis) as of the final dialysis treatment of the given measurement month. |
| Denominator | All dialysis patient-months (in-center and/or home peritoneal or hemodialysis) attributed to all facilities included in an aggregate HRR unit in the measurement year. |
| Exclusions | <ol style="list-style-type: none"> 1. Patient-months in which the patient has received <30 days of continuous treatment at the facility to which they are attributed.² 2. Patient-months in which the patient is receiving dialysis for AKI only at any time in the measurement month. 3. Patient-months in which the patient is enrolled in hospice at any time in the measurement month. 4. Patient-months in which the patient is residing in a nursing home or other LTCF at any time in the measurement month. 5. Patient-months in which the patient was discharged from the facility secondary to transplant, death, discontinuation of dialysis, and/or recovery of function at any time in the measurement month. |
| Risk Adjustment | None. |
| Reporting Stratification | Performance scores to be stratified by age, gender, race, ethnicity, and dual-eligibility. |

¹ Facilities that are not subsidiaries are not included in an aggregation group.

² The intent of this exclusion is to allow facilities adequate time to orient and educate new patients on modality options. This is particularly important in facilities where a substantial proportion of patients have not received sufficient pre-dialysis care to allow for adequate preparation for initiation on a home modality. As many such facilities treat small rural or low-income communities, this exclusion is an important safeguard for financially vulnerable facilities treating the most socially and medically disadvantaged patients.

KCQA HOME DIALYSIS RATE CALCULATION FLOW CHART



The measure is intended for use by CMS in its ESRD Quality Reporting System (EQRS), encompassing an extensive national ESRD patient database primarily based on the Renal Management System (REMIS), EQRS facility-reported clinical and administrative data (including CMS-2728 Medical Evidence Form and CMS-2746 Death Notification Form), the Medicare Enrollment Database, Medicare claims data, transplant data from the Scientific Registry of Transplant Recipients (SRTR), and data from the Nursing Home Minimum Dataset, the Quality Improvement Evaluation System (QIES) Business Intelligence Center (QBIC) (which includes Provider and Survey and Certification data from Automated Survey Processing Environment [ASPEN]), and Dialysis Facility Compare. The database is comprehensive for patients not enrolled in Medicare Advantage. Medicare Advantage patients are included in all EQRS sources, but their Medicare payment records are limited to inpatient claims. Non-Medicare patients are included in all sources except for the Medicare payment records. Tracking by dialysis provider, treatment modality, and treatment setting is available for all patients, including those with only partial or no Medicare coverage.

KIDNEY CARE QUALITY ALLIANCE

KCQA HOME DIALYSIS RETENTION MEASURE SPECIFICATIONS

| | MEASURE B: HOME DIALYSIS RETENTION MEASURE |
|---------------------------------|---|
| Description | Percent of all new ¹ home dialysis patients in the measurement year for whom ≥ 3 consecutive months of home dialysis was achieved. |
| Measure Type | Intermediate outcome. |
| Score Interpretation | A higher score indicates better performance. |
| Data Source | Electronic medical records. |
| Level of Analysis | Aggregated to parent dialysis organizations within a Hospital Referral Region (HRR). ² |
| Numerator | Patients from the denominator who were dialyzing via a home modality (peritoneal dialysis and/or home hemodialysis) for ≥ 3 consecutive months in the measurement year. ^{3,4} |
| Denominator | Total number of new home dialysis patients attributed ⁵ to all facilities included in an aggregate HRR unit in the measurement year. ^{3,4} |
| Exclusions | Once attribution is established, ⁵ exclude patients discharged from their treating facility prior to achieving 3 or more consecutive months of home dialysis secondary to: <ul style="list-style-type: none"> • Transplant; • Death; • Discontinuation of dialysis; • Recovery of function; • Enrollment in hospice; and/or a • Admission to a nursing home or other LTCF. |
| Risk Adjustment | None. |
| Reporting Stratification | Performance scores to be stratified by age, gender, race, ethnicity, and dual-eligibility. |

¹ New patients are defined as those who started a home dialysis modality during the measurement year.

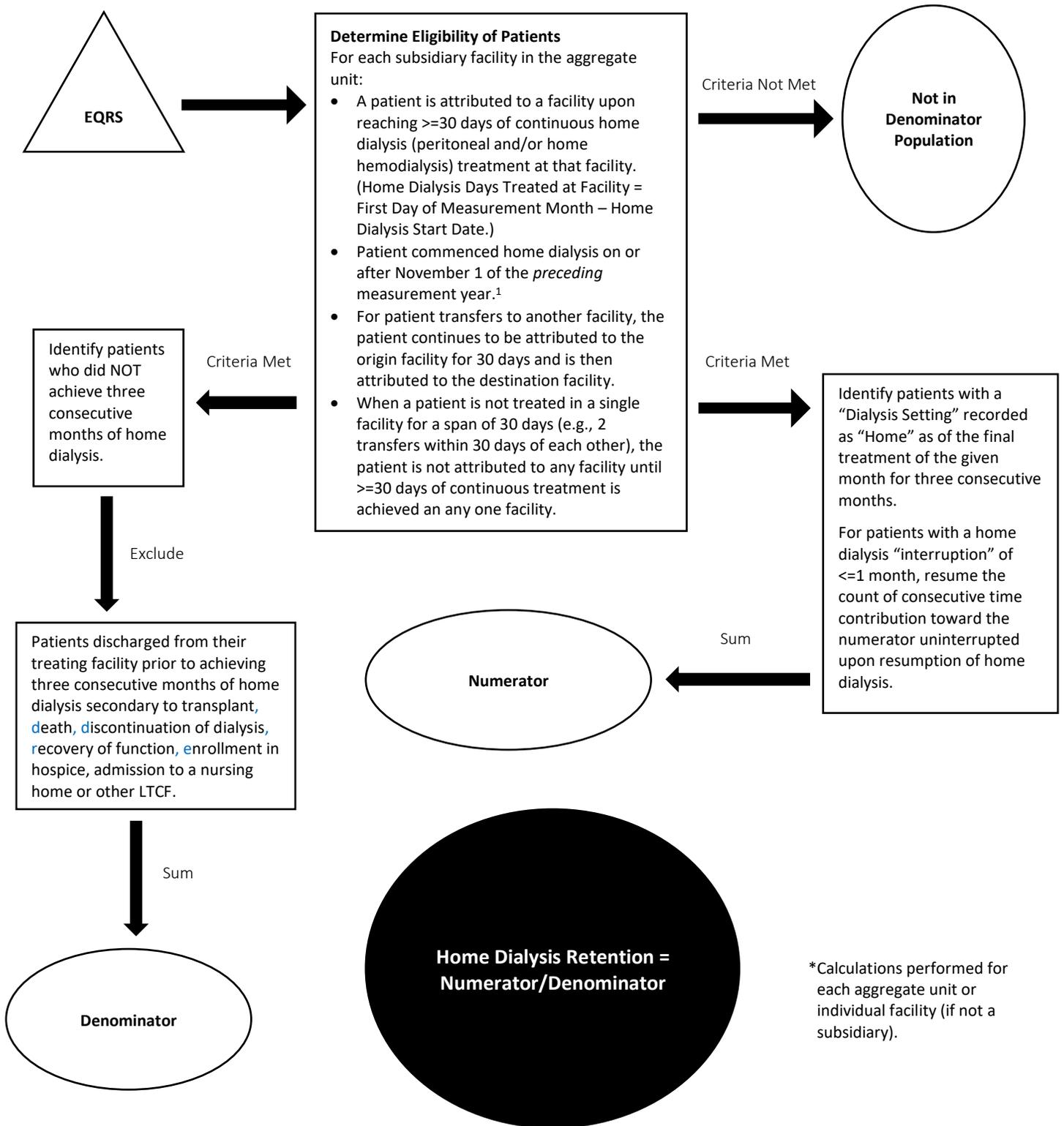
² Facilities that are not subsidiaries are not included in an aggregation group.

³ Time from the preceding year carries over for both the numerator and denominator.

⁴ Count of consecutive time contribution toward the numerator and denominator will resume uninterrupted for patients with a home dialysis pause of ≤ 1 month.

⁵ A patient is attributed to a facility upon reaching ≥ 30 days of continuous home dialysis treatment under the care of a facility, at which time the consecutive time count commences. The intent of this eligibility criterion is to account for the requisite home dialysis training period, wherein a certain proportion of patients can be expected to drop out before completion; the rationale is to avoid creating a disincentive for a home dialysis trial by penalizing providers for treatment failures during this time period.

KCQA HOME DIALYSIS RETENTION CALCULATION FLOW CHART



The measure is intended for use by CMS in its ESRD Quality Reporting System (EQRS), encompassing an extensive national ESRD patient database primarily based on the Renal Management System (REMIS), EQRS facility-reported clinical and administrative data (including CMS-2728 Medical Evidence Form and CMS-2746 Death Notification Form), the Medicare Enrollment Database, Medicare claims data, transplant data from the Scientific Registry of Transplant Recipients (SRTR), and data from the Nursing Home Minimum Dataset, the Quality Improvement Evaluation System (QIES) Business Intelligence Center (QBIC) (which includes Provider and Survey and Certification data from Automated Survey Processing Environment [ASPEN]), and Dialysis Facility Compare. The database is comprehensive for patients not enrolled in Medicare Advantage. Medicare Advantage patients are included in all EQRS sources, but their Medicare payment records are limited to inpatient claims. Non-Medicare patients are included in all sources except for the Medicare payment records. Tracking by dialysis provider, treatment modality, and treatment setting is available for all patients, including those with only partial or no Medicare coverage.

| Data Element | Primary Data Source(s) | Values |
|---------------------------------|---------------------------------------|--|
| HRR # | CMS data sources ^{*1} | Numerical Value |
| Facility CCN # | CMS data sources ^{*1} | CROWN Facility Unique Identifier |
| Reporting Month | EQRS/CROWNWeb | Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec |
| Reporting Year | EQRS/CROWNWeb | Clinical Year (YYYY) |
| Dialysis Setting | EQRS/CROWNWeb | Facility |
| Dialysis Modality | EQRS/CROWNWeb | Hemodialysis, CAPD, CCPD, Other |
| Facility Admit Date | EQRS/CROWNWeb | Date |
| Facility Discharge Date | EQRS/CROWNWeb | Date |
| Discharge Reason | EQRS/CROWNWeb | 1 - Death, 2 - Discontinue, 3 - Lost to Follow Up, 4 - Recover Function, 7 - Transplant in US, 8 - Transplant outside US, 9 - Transfer |
| Discharge Disposition | EQRS/CROWNWeb | 2-Hospice, 4-Long Term Care Facility, 5-Rehab Center, 6-Nursing Home |
| Hospice Status in Current Month | CMS Hospice file ^{*2} | Yes, No, Unknown |
| Home Dialysis Start Date | EQRS/CROWNWeb | Date |
| AKI | 72x Bill | Acute Kidney Injury (see codes in subsequent sheet) |
| Date of Birth | EQRS/CROWNWeb | Date |
| Gender | EQRS/CROWNWeb | M, F |
| Race | EQRS/CROWNWeb | American, 4 - White, 6 - Native Hawaiian or Other Pacific Islander |
| Ethnicity | EQRS/CROWNWeb | 6 - Non-Hispanic or Latino, 7 - Hispanic or Latino |
| Insurance | EQRS/Medical Evidence Form (CMS-2728) | Medicare, Medicaid, Employer Group Health Insurance, VA, MA, Other, None |

| | | |
|---|--|---|
| <p>*1. The measure is intended for use by CMS in its ESRD Quality Reporting System (EQRS), representative of all ESRD dialysis patients and encompassing an extensive national ESRD patient database primarily based on the Renal Management System (REMIS), EQRS facility-reported clinical and administrative data (including CROWNWeb, CMS-2728 Medical Evidence Form and CMS-2746 Death Notification Form), the Medicare Enrollment Database, Medicare claims data, transplant data from the Scientific Registry of Transplant Recipients (SRTR), and data from the Nursing Home Minimum Dataset and Dialysis Facility Compare.</p> | <p>Per CMS protocol, unique patients are identified using a combination of SSN, first name, surname, sex, claim number and birth date.</p> | <p>*2. Hospice information comes from CMS hospice file that contains final action claims submitted by Hospice providers. Once a beneficiary elects Hospice, all Hospice related claims will be found in this file, regardless if the beneficiary is in Medicare fee-for-service or in a Medicare managed care plan.</p> |
|---|--|---|

| AKI Codes | | | |
|----------------|----------|--------------|---|
| Condition Code | CPT Code | ICD-10 Codes | Description |
| 84 | | | Dialysis for Acute Kidney Injury |
| | G0491 | | Dialysis procedure at a Medicare certified ESRD facility for Acute Kidney Injury without ESRD |
| | | N17.0 | Acute kidney failure with tubular necrosis |
| | | N17.1 | Acute kidney failure with acute cortical necrosis |
| | | N17.2 | Acute kidney failure with medullary necrosis |
| | | N17.8 | Other acute kidney failure |
| | | N17.9 | Acute kidney failure, unspecified |
| | | T79.5XXA | Traumatic anuria, initial encounter |
| | | T79.5XXD | Traumatic anuria, subsequent encounter |
| | | T79.5XXS | Traumatic anuria, sequela |
| | | N99.0 | Post-procedural (acute)(chronic) renal failure |