KCQA NQF-ENDORSED PERFORMANCE MEASURE TECHNICAL SPECIFICATIONS

MEASURE	DESCRIPTION	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
NQF 0251: Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement Level: Clinician	Percentage of ESRD patients aged 18 years and older receiving HD during the 12-month reporting period and on dialysis >90 days who: 1. Have a functional AVF (defined as two needles used or a single-needle device [NOT one needle used in a two-needle device]) (computed and reported separately); OR 2. Have a functional AV graft (computed and reported separately); OR 3. Have a catheter but have been seen/ evaluated by a vascular surgeon, other surgeon qualified in the area of vascular access, or interventional nephrologist trained in the primary placement of vascular access for a functional autogenous AVF or AV graft at least once during the 12-month reporting period (computed and reported separately).	Number of patients from the denominator who: 1. Have a functional AVF (defined as two needles used or a single-needle device [NOT one needle used in a two-needle device]) (computed and reported separately); OR 2. Have a functional AV graft (computed and reported separately); OR 3. Have a catheter but have been seen/ evaluated by a vascular surgeon, other surgeon qualified in the area of vascular access, or interventional nephrologist trained in the primary placement of vascular access for a functional autogenous AVF or AV graft at least once during the 12-month reporting period (computed and reported separately).	All ESRD patients aged 18 years and older receiving hemodialysis during the 12-month reporting period and on dialysis >90 days. This measure includes both in-center and home hemodialysis patients.	None.	Administrative claims; electronic clinical data
NQF 0226: Influenza Immunization in the ESRD Population Level: Facility	All ESRD patients aged 6 months and older receiving HD and/or PD during the time from October 1 (or when the influenza vaccine became available) to March 31 who: 1. Receive an influenza vaccination;[1] OR 2. Were assessed and offered an influenza vaccination but decline; OR 3. Were assessed and determined to have a medical contraindication(s) to the influenza vaccination.	Number of patients from the denominator who: 1. Receive an influenza vaccination1 (documented by the provider or reported receipt from another provider or by the patient) (computed and reported separately); OR 2. Were assessed and offered an influenza vaccination but decline (computed and reported separately); OR 3. Were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant with the past 6 months (<6 months prior to encounters between October 1 and March 31) (computed and reported separately).	All ESRD patients aged 6 months and older receiving hemodialysis and/or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31.	None.	Administrative claims; electronic clinical data
NQF 2988: Medication Reconciliation for Patients Receiving	Percentage of patient-months for which medication reconciliation was performed and documented by an eligible professional.	Number of patient-months for which medication reconciliation* was performed and documented by an eligible professional** during the reporting period. The medication reconciliation	Total number of patient-months for all patients assigned to a dialysis facility during the	Transient patients, defined as in-center patients who	Administrative claims; electronic clinical data; facility medical

[1] Only inactivated virus should be used in the ESRD population.

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Care at Dialysis Facilities Level: Facility		MUST: • Include the name or other unique identifier of the eligible professional; AND • Include the date of the reconciliation; AND • Address ALL known home medications (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary [nutritional] supplements, and medical marijuana); AND • Address for EACH home medication: Medication name,[2] indication,[3] dosage,[2] frequency,[2] route of administration,[2] start and end date (if applicable),[2] discontinuation date (if applicable),[2] reason medication was stopped or discontinued (if applicable),[2] and identification of individual who authorized stoppage or discontinuation of medication (if applicable);[2] AND • List any allergies, intolerances, or adverse drug events experienced by the patient. *"Medication reconciliation" is defined as the process of creating the most accurate list of all home medications that the patient is taking, including name, indication, dosage, frequency, and route, by comparing the most recent medication list in the dialysis medical record to one or more external list(s) of medications obtained from a patient or caregiver (including patient-/caregiver-provided "brown bag" information), pharmacotherapy information network (e.g., Surescripts®), hospital, or other provider. **For the purposes of medication reconciliation, "eligible professional" is defined as: physician, RN, ARNP, PA, pharmacist, or pharmacy technician.	reporting period.	received <7 hemodialysis treatments in the facility during the reporting month.	record
NQF 2701: Avoidance of Utilization of High UFR (>13 ml/kg/ hour)	Percentage of adult in-center hemodialysis patients in the facility whose average UFR >13 ml/kg/hour.	Number of patients[4] from the denominator whose average UFR >13 ml/kg/hour who receive an average of <240 minutes per treatment during the calculation period. Interpretation of Score: Lower score = better quality	Number of adult in-center hemodialysis patients in an outpatient dialysis facility undergoing chronic maintenance	1. Age <18 years. 2. Patients in a facility <30 days. 3. Home dialysis patients. 4. <7 hemodialysis	Administrative claims; electronic clinical data

[2] For patients in a clinical trial, it is acknowledged that it may be unknown as to whether the patient is receiving the therapeutic agent or a placebo.

[3] "Unknown" is an acceptable response for this field.

[4] To address the fact that patients may contribute varying amounts of time to the annual denominator population, results will be reported using a "patient-month" construction.

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Level: Facility		Additional Information: The average UFR is calculated for the treatments received in the calculation period. The calculation period is defined as the same week that the monthly Kt/V is drawn. The average UFR for the calculation period is calculated in the following manner: 1. The UFR (in ml/kg/hour) is first calculated for each treatment in the calculation period as: ([{Pre-Dialysis Weight in kg – Post-Dialysis Weight in kg} x 1000 ml/kg] ÷ Post-Dialysis Weight in kg) ÷ (Delivered Treatment Time in minutes) x 60 minutes/hour 2. The average UFR for the calculation period is then calculated by summing the UFRs for each treatment and dividing by the number of treatments in the calculation period: (UFR1 + UFR2 … + UFRX) ÷ (X treatments) 3. The average treatment time is calculated as: (Total Minutes Dialyzed during calculation period) ÷ (Number of treatments in calculation period)	hemodialysis during the calculation period.	treatments in the facility during the month. 5. Facilities treating <25 adult in-center hemodialysis patients during the reporting period. 6. Patients without a completed CMS Medical Evidence Form (Form CMS-2728). 7. Kidney transplant recipients with a functioning graft. 8. Patients who receive 4 or more dialysis sessions during the calculation period.	