Measure Information Form

1. **Measure Name/Title ([CMS Consensus-Based Entity [CBE] Measure Submission Form](#)⬀, Measure Specifications sp.01)**

   Proportion of patients with hypercalcemia

2. **Descriptive Information**

2.1   Measure Type

☐ process
☐ outcome
☐ PRO-PM
☐ cost /resource use
☐ efficiency
☐ structure
☒ intermediate outcome
☐ population health
☐ composite
  ☐ process
  ☐ outcome
  ☐ other
☐ other

2.2   Brief Description of Measure (CMS CBE Measure Submission Form, Measure Specifications sp.02 and sp.06)

Percentage of adult dialysis patients with a 3-month rolling average of total uncorrected calcium (serum or plasma) greater than 10.2 mg/dL (hypercalcemia)

2.3   If Paired or Grouped (CMS CBE Measure Submission Form, Measure Specifications sp.03)

N/A

3. **Measure Specifications**

3.1   Measure-Specific Webpage (CMS CBE Measure Submission Form, Measure Specifications sp.09)

N/A

3.2   If this is an electronic clinical quality measure (eCQM) (CMS CBE Measure Submission Form, Measure Specifications sp.10)

N/A

3.3   Data Dictionary, Code Table, or Value Sets (CMS CBE Measure Submission Form, Measure Specifications sp.11)

The data elements used for this measure are listed below. A complete description of the data elements can be found at the ESRD section of QualityNet.org.

EQRS Data Elements:

- Facility CCN
- Initial certification date
- Patient date of birth
- Patient date of death
- UPI
- Admit date
- Discharge date
- Date of month/year associated with clinical record
- Uncorrected serum or plasma calcium reading amount
- Date of last uncorrected serum calcium reading
- First date of ESRD (see Section 3.1.2)

Claims Based Data Elements:

Note: Only Type of Bill (TOB) 72x claims are considered in the measure calculation.

- Claim control number
- Claim-from date
- Claim through date
- Patient health insurance claim number
- Patient date of birth
- Patient date of death
- Claim CCN

3.4	For an instrument-based measure (CMS CBE Measure Submission Form, Measure Specifications sp.23 and sp.24)

N/A

3.5	Updates since last submission (CMS CBE Measure Submission Form, Specifications: Maintenance Update spma.01 and spma.02)

N/A

3.6	Numerator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.12)

Number of patient-months in the denominator with three-month rolling average of total uncorrected (indicates that albumin is not considered in the calculation) serum or plasma calcium greater than 10.2 mg/dL or missing.

3.7	Numerator Details (CMS CBE Measure Submission Form, Measure Specifications sp.13)

A patient-month is included in the numerator if the average calcium level is greater than 10.2 mg/dL or missing. Any value reported during the two months prior to the reporting month will only be used to calculate the three-month rolling average if applicable.

- The last calcium value reported in the month is used for calculation.
- No interpolation between calcium values for PD patients.
- "Uncorrected" indicates albumin is not considered in the calculation.
- A one-, two-, or three-month average can be calculated as long as there is a calcium value reported during the three-month window.
- Patient-months with missing values in the reporting month and the two months prior are included in the denominator and the numerator to minimize any incentive favoring non-measurement of serum or plasma calcium in the preceding three months.
- Out of range uncorrected serum calcium or plasma value (values < 0.1 and value > 20) are considered as missing.

3.8	Denominator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.14)

Number of patient-months at the facility during the measurement period. Includes all patients, both Medicare and non-Medicare patients.

3.9	Denominator Details (CMS CBE Measure Submission Form, Measure Specifications sp.15)

For this measure, the patient reporting month is the last month of the three month reporting period; for example, for the March 2022 reporting month, the hypercalcemia value is the average of the reporting month + the past two months (January – March 2022).

Patients can be attributed to only one facility per month.

For each patient, the dialysis provider at each point in time was identified primarily using data from EQRS, the Medical Evidence Form (CMS-2728) and Medicare dialysis claims. Both patient assignment to the provider and modality (either HD or PD) were determined according to the information reported in the above-mentioned data sources. For each reporting month, patients were required to have been indicated as treated by the facility for the complete month in order to be included in the denominator. If a patient transferred in or out of the facility, discontinued dialysis, recovered renal function, or died anytime during the month, the entire patient-month is excluded. Please note that the number of dialysis sessions is not considered, and the patient may not have received treatment at the facility for the entire month to be included. For example, if a patient is hospitalized or travels during the month, the patient may still be included in the facility's measure if they are indicated as the facility's patient that month according to the data as described above. Additionally, patients for whom the only evidence of dialysis treatment is the existence of Medicare claims were considered lost to follow-up and removed from a facility's analysis one year following the last claim, if there was no earlier evidence of transfer, recovery, or death. In other words, if a period of one year passed with neither Medicare dialysis claims nor EQRS information to indicate that a patient was receiving dialysis treatment, we considered the patient lost to follow-up, and did not use them in the calculation.

3.10   Denominator Exclusions (CMS CBE Includes "Exception" in the "Exclusion" Field) (CMS CBE Measure Submission Form, Measure Specifications sp.16)

Exclusions that are implicit in the denominator definition include:

- Patient-months for patients who are on ESRD treatment (see Section 3.1.2) for less than 90 days as of the first day of the reporting month.
- Patients who died prior to the last day of the reporting month.
- Patient-months for patients not assigned to the same facility for the entire reporting month.
- Patient younger than age 18 years, two months prior to the first of the reporting month

3.11   Denominator Exclusion Details (CMS CBE Includes "Exception" in the "Exclusion" Field) (CMS CBE Measure Submission Form, Measure Specifications sp.17)

N/A

3.12   Stratification Details/Variables (CMS CBE Measure Submission Form, Measure Specifications sp.18)

N/A

3.13   Risk Adjustment Type (CMS CBE Measure Submission Form, Measure Specifications sp.19)

⊠ no risk adjustment or risk stratification
☐ stratification by risk category/subgroup
☐ statistical risk model
☐ other

3.14   Type of Score (CMS CBE Measure Submission Form, Measure Specifications sp.20)

☐ count
⊠ rate/proportion
☐ ratio
☐ categorical (e.g., yes or no)
☐ continuous variable (CV) (e.g., an average)
☐ composite/scale
☐ other (specify) Click or tap here to enter text.

3.15   Interpretation of Score (CMS CBE Measure Submission Form, Measure Specifications sp.21)

Better quality = Lower score

3.16   Calculation Algorithm/Measure Logic (CMS CBE Measure Submission Form, Measure Specifications sp.22)

Patients are included in the denominator if they are >= 18 years old two months prior to the first of the reporting month, are on ESRD treatment for more than 90 as of the first day of the reporting month, and are under the care of the facility for at least 30 days as of the last day of the reporting month.

The patient's age will be determined by subtracting the patient's date of birth from the first day of the reporting month. The patient's time on dialysis will be determined by subtracting the patient's date regular Chronic Dialysis Began from the first day of the reporting month. Patients on dialysis are determined as follows: Primary Type of Dialysis is Hemodialysis, Home Hemodialysis, CAPD or CCPD in the most recent month of the study period. Patients under the care of the facility for at least 30 days are determined as follows: if the discharge date from the specified facility is missing/null or is after the last day of the reporting month, then the patient's time under the care of the facility is calculated from the admit date to the last day of the reporting month; if the discharge date is prior to the last day of the reporting month, the patient is excluded from the calculation.

The numerator will be determined by counting the patient-months in the denominator that meet the following criteria: the average total serum or plasma calcium over the 3-month rolling average is greater than 10.2 mg/dL or missing. If there is more than one serum or plasma calcium measurement within each month of the three-month rolling average period, the last

value for the month shall be used for the calculation of the average. Missing is defined as no value in the current or preceding two months.

3.17   Sampling (CMS CBE Measure Submission Form, Measure Specifications sp.25 and sp.26)

N/A

3.18   Survey/Patient-Reported Data (CMS CBE Measure Submission Form, Measure Specifications sp.27)

N/A

3.19   Data Source (CMS CBE Measure Submission Form, Measure Specifications sp.28)

☐ administrative data
☒ claims data
☐ paper patient medical records
☐ electronic patient medical records
☐ electronic clinical data
☒ registries
☐ standardized patient assessments
☐ patient-reported data and surveys
☐ non-medical data
☐ other—describe in 3.20 (CMS CBE Measure Submission Form, Measure Specifications sp.29)

3.20   Data Source or Collection Instrument (CMS CBE Measure Submission Form, Measure Specifications sp.29)

EQRS and Medicare claims. – see list of data elements above.

3.21   Data Source or Collection Instrument (Reference) (CMS CBE Measure Submission Form, Measure Specifications sp.30)

No data Collection instrument provided

3.22   Level of Analysis (CMS CBE Measure Submission Form, Measure Specifications sp.07)

☐ individual clinician
☐ group/practice
☒ hospital/facility/agency
☐ health plan
☐ accountable care organization
☐ geographic population
☐ other (specify) Click or tap here to enter text.

3.23   Care Setting (CMS CBE Measure Submission Form, Measure Specifications sp.08)

☐ ambulatory surgery center
☐ clinician office/clinic
☐ outpatient rehabilitation
☐ urgent care – ambulatory
☐ behavioral health: inpatient
☐ behavioral health: outpatient
☒ dialysis facility
☐ emergency medical services/ambulance
☐ emergency department
☐ home health
☐ hospice
☐ hospital
☐ hospital: critical care
☐ hospital: acute care facility
☐ imaging facility
☐ laboratory
☐ pharmacy
☐ nursing home/skilled nursing facility (SNF)
☐ inpatient rehabilitation facility (IRF)
☐ long-term acute care
☐ birthing center
☐ no applicable care setting
☐ other (specify) Click or tap here to enter text.

3.24   Composite Measure (CMS CBE Composite Measure Submission Form ⬈, Measure Specifications sp.30)

N/A