Quality ID #511: Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW) and Percentage of Prevalent Patients Waitlisted for Kidney Transplant in Active Status (aPPPW)

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
The measure tracks dialysis patients who are under the age of 75 in a practitioner group and on the kidney or kidney-pancreas transplant waitlist (all patients or patients in active status). This measure is a risk-adjusted percentage of waitlist events among dialysis patients.

INSTRUCTIONS:

Reporting Frequency:
This measure data is to be submitted a minimum of once per month for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients on dialysis with a diagnosis for End-Stage Renal Disease. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinician groups who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains two submission criteria which assess for all patients on the waitlist and those who were in Active Status each month.

There are 2 Submission Criteria for this measure:

1) Patients in the practitioner group's denominator with observed months on the waitlist.

AND

2) Patients observed in active status on any kidney or kidney-pancreas transplant waitlist.

This measure will be calculated with 2 performance rates:

1) Percentage of Prevalent Patients Waitlisted (PPPW).
2) Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)

For accountability reporting in the CMS MIPS program, the rate for Submission Criteria 2 is used for performance.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure for the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once for the specified timeframe.

Technical notes describing the statistical methods used to calculate the measure, including model details, can be found on the following publicly available webpage: https://dialysisdata.org/content/MIPS. Please refer to the technical notes when calculating this measure.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This

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measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: PATIENTS IN THE PRACTITIONER GROUP'S DENOMINATOR WITH OBSERVED MONTHS ON THE WAITLIST

DENOMINATOR (CRITERIA 1):
All risk-adjusted patient-months for patients who are under the age of 75 in the reporting month and who are assigned to a dialysis practitioner or practitioner group practice according to each patient's treatment history on the last day of each reporting month during the performance year.

Definitions:
End-Stage Renal Disease (ESRD) Monthly Capitated Payment (MCP) – An ESRD MCP is a monthly payment made to physicians for dialysis-related physician services provided to Medicare ESRD patients.
Risk-Adjusted Months on the Waitlist – The risk-adjusted number of patient-months on the waitlist is calculated from a mixed-effects logistic regression model, adjusting for age, patient comorbidities, other risk factors at incidence of dialysis, random effects for transplant centers and assuming the practitioner group-specific event rate equals the population average.
Reporting Month – The last day of each calendar month.

DENOMINATOR NOTE:
All patients who meet the denominator inclusion criteria are included and used to model a given dialysis practitioner group's risk-adjusted waitlist rate. The Nursing Home Minimum Dataset (MDS) and Questions 16u and 22 on CMS Medical Evidence Form 2728 may be used to identify patients in skilled nursing facilities.
For the purposes of this measure, the transplant program or Organ Procurement and Transplant Network (OPTN) can be utilized as the data source for the numerator as well as patients on the kidney/kidney-pancreas waitlist prior to the initiation of dialysis.

For more information on how to calculate the risk-adjusted months on the waitlist and observed months on the waitlist please see please see the technical notes found at https://dialysisdata.org/content/MIPS.
If a dialysis practitioner group has fewer than 11 patients during the performance year, the dialysis practitioner group is excluded from reporting outcomes.

Denominator Criteria (Eligible Cases):
All patients aged <75 years old on the last day of the reporting month
AND
Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month: M1269
AND NOT
DENOMINATOR EXCLUSIONS:
Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were

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excluded from that month: M1274
OR
Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form: M1273
OR
Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period: M1275
OR
Patients with dementia at any time prior to or during the month: M1271

NUMERATOR (CRITERIA 1):
Percentage of Prevalent Patients Waitlisted (PPPW): Patients in the practitioner group's denominator with observed months on the waitlist for each month.

Definition:
Observed Months on the Waitlist – The number of patient-months on the waitlist in a practitioner group.

NUMERATOR NOTE:
For the purposes of this measure, the transplant program or Organ Procurement and Transplant Network (OPTN) can be utilized as the data source for the numerator.

Numerator Options:

Performance Met:	Patients observed on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period (M1272)

OR

Performance Not Met:	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period (M1270)

AND

SUBMISSION CRITERIA 2: PATIENTS OBSERVED IN ACTIVE STATUS ON ANY KIDNEY OR KIDNEY-PANCREAS TRANSPLANT WAITLIST

DENOMINATOR (CRITERIA 2):
All risk-adjusted patient-months for patients who are under the age of 75 in the reporting month and who are assigned to a dialysis practitioner or practitioner group practice according to each patient's treatment history on the last day of each reporting month during the performance year.

Definitions:
End-Stage Renal Disease (ESRD) Monthly Capitated Payment (MCP) – An ESRD MCP is a monthly payment made to physicians for dialysis-related physician services provided to Medicare ESRD patients.
Risk-Adjusted Months on the Waitlist in Active Status – The risk-adjusted number of patient-months on the waitlist in active status is calculated from a mixed-effects logistic regression model, adjusting for age, patient comorbidities, other risk factors at incidence of dialysis, random effects for transplant centers and assuming the practitioner group-specific event rate equals the population average.
Reporting Month – The last day of each calendar month.

DENOMINATOR NOTE:
All patients who meet the denominator inclusion criteria are included and used to model a given dialysis practitioner group's risk-adjusted waitlist rate. The Nursing Home Minimum Dataset (MDS) and Questions 16u

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and 22 on CMS Medical Evidence Form 2728 may be used to identify patients in skilled nursing facilities.

For the purposes of this measure, the transplant program or Organ Procurement and Transplant Network (OPTN) can be utilized as the data source for the numerator as well as patients on the kidney/kidney-pancreas waitlist prior to the initiation of dialysis.

For more information on how to calculate the risk-adjusted months on the waitlist in active status and observed months on the waitlist in active status please see please see the technical notes found at https://dialysisdata.org/content/MIPS.

If a dialysis practitioner group has fewer than 11 patients during the performance year, the dialysis practitioner group is excluded from reporting outcomes.

Denominator Criteria (Eligible Cases):
All patients aged <75 years old on the last day of the reporting month
AND
Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month: M1269
AND NOT
DENOMINATOR EXCLUSIONS:
Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month: M1274
OR
Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form: M1273
OR
Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period: M1275
OR
Patients with dementia at any time prior to or during the month: M1271

NUMERATOR (CRITERIA 2):
Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW): Patients in the practitioner group's denominator with observed months on the waitlist in active status for each month.

Definition:
Observed Months on the Waitlist in Active Status – Observed number of patient-months on the wait list in active status in a practitioner group.

NUMERATOR NOTE:
For the purposes of this measure, the transplant program or Organ Procurement and Transplant Network (OPTN) can be utilized as the data source for the numerator.
For more information on how to calculate the risk-adjusted months on the waitlist in active status and observed months on the waitlist in active status please see please see the technical notes found at https://dialysisdata.org/content/MIPS.

Numerator Options:

Performance Met:	Patients observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period (M1268)

OR

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Performance Not Met:	Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period (M1267)

RATIONALE:

A measure focusing on waitlisting is appropriate for several reasons. First, in preparing patients for suitability for waitlisting, dialysis practitioners optimize their health and functional status, improving their overall health state. Second, waitlisting is a necessary step prior to potential receipt of a kidney transplant, which is known to be beneficial for survival and quality of life [1]. Third, dialysis practitioners exert substantial control over the processes that result in waitlisting. This includes proper education of dialysis patients on the option for transplant, referral of appropriate patients to a transplant center for evaluation, and assisting patients with completion of the transplant evaluation process, in order to increase their candidacy for transplant waitlisting. These types of activities are included as part of the conditions for coverage for Medicare certification of ESRD dialysis facilities. Finally, wide regional and facility variations in waitlisting rates highlight substantial room for improvement for this measure [2-5].

The PPPW and aPPPW measures focus specifically on the prevalent dialysis population, examining waitlisting status or waitlisting in active status, monthly for each patient, respectively. As this measure assesses monthly waitlisting status or waitlisting in active status of patients, it evaluates and encourages maintenance of patients on the waitlist which is important given the long duration most patients have to wait to eventually access a deceased donor transplant (national median of roughly 4 years) [6]. In particular, maintenance of active status requires ongoing attention by dialysis practitioners to optimizing the health of patients, to ensure sustained suitability for transplant waitlisting. Maintenance of active status on the waitlist is additionally important given demonstrated disparities [7] and positive association with subsequent transplantation [8]. Overall, maintenance of patients on the waitlist is an important area to which dialysis practitioners can contribute through ensuring patients remain healthy, and complete any ongoing testing activities required to remain on the waitlist. In contrast to this measure, other waitlisting measures, such as the First Year Standardized Waitlist Ratio, focus solely on new waitlistings and living donor kidney transplants to incentivize early action, rather than ongoing maintenance on the waitlist, as this measure does.

CLINICAL RECOMMENDATION STATEMENTS:

Empirical support for the value of waitlisting to patients comes from a published study reporting on a large survey of 409 patients or family members who agreed to receiving emails from the National Kidney Foundation [9]. Participants include both patients with advanced chronic kidney disease prior to transplant, and recipients of transplants, and were asked about their priorities in choice of a transplant center. Notably, participants were most likely (a plurality of participants) to rank waitlisting characteristics (such as ease of getting on the waitlist) as the most important feature, in contrast to other transplant center characteristics such as post-transplant outcomes and practical considerations (e.g., distance to center).

National or large regional studies provide strong empirical support for the association between processes under dialysis practitioner control and subsequent waitlisting. In one large regional study conducted on facilities in the state of Georgia, a standardized dialysis facility referral ratio was developed, adjusted for age, demographics and comorbidities [10]. There was substantial variability across dialysis facilities in referral rates, and a Spearman correlation performed between ranking on the referral ratio and dialysis facility waitlist rates was highly significant ($r=0.35$, $p<0.001$). A national study using registry data (United States Renal Data System) from 2005-2007 examined the association between whether patients were informed about kidney transplantation (based on reporting on the Medical Evidence Form 2728) and subsequent access to kidney transplantation (waitlisting or receipt of a live donor transplant) [11]. Approximately 30% of patients were uninformed about kidney transplantation, and this was associated with half the rate of access to transplantation compared to patients who were informed. In a related survey study of 388 hemodialysis patients, whether provision of information about transplantation by nephrologists or dialysis staff occurred was directly confirmed with patients [12]. Patient report of provision of such information was associated with a three-fold increase in likelihood of waitlisting. Finally, a large survey study of 170 dialysis facilities in the Heartland Kidney Network (Iowa, Kansas, Missouri and Nebraska) was conducted to examine transplant education practices [13]. Facilities employing multiple (>3) transplant education strategies (e.g., provision of brochures, referral to formal transplant education program, distribution of transplant center contact information) had 36% higher waitlist rates compared to facilities employing fewer strategies.

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2026 Clinical Quality Measure Flow for Quality ID #511: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)

Multiple Performance Rates

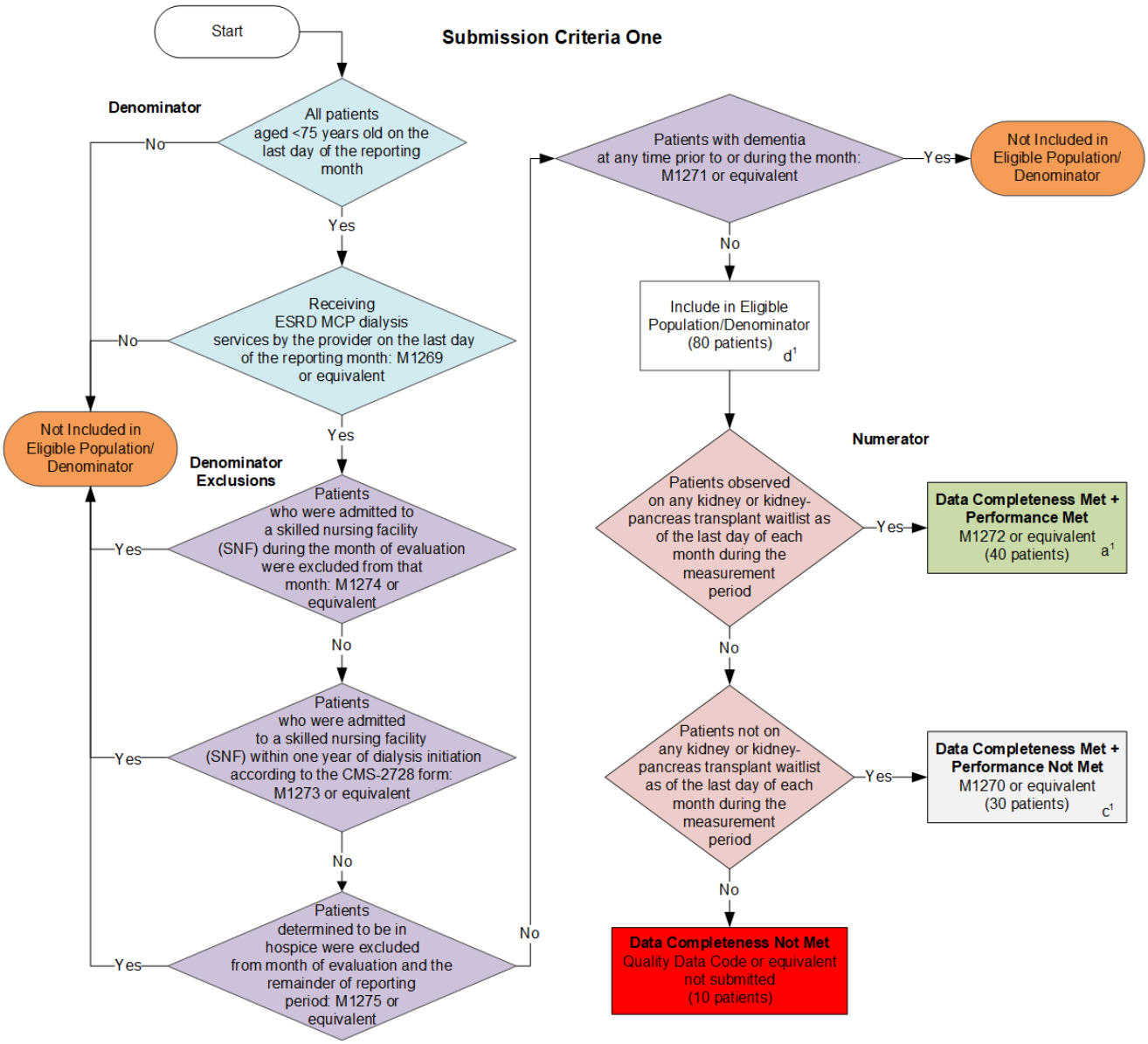
Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

Overall Data Completeness (Submission Criteria 2*) =
Performance Met (a^2=40 patients) + Performance Not Met (c^2=30 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d^2=80 patients) = 80 patients

Overall Performance Rate (Submission Criteria 2*) =
Performance Met (a^2=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure. For a more technical workflow which includes applied model adjustments please refer to the technical notes found at https://dialysisdata.org/content/MIPS.
NOTE: Submission Frequency: Patient-Periodic



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SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

Performance Met (a^1=40 patients) + Performance Not Met (c^1=30 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d^1=80 patients) = 80 patients

Performance Rate=

Performance Met (a^1=40 patients) = 40 patients = **57.14%**

Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure. For a more technical workflow which includes applied model adjustments please refer to the technical notes found at https://dialysisdata.org/content/MIPS.

NOTE: Submission Frequency: Patient-Periodic

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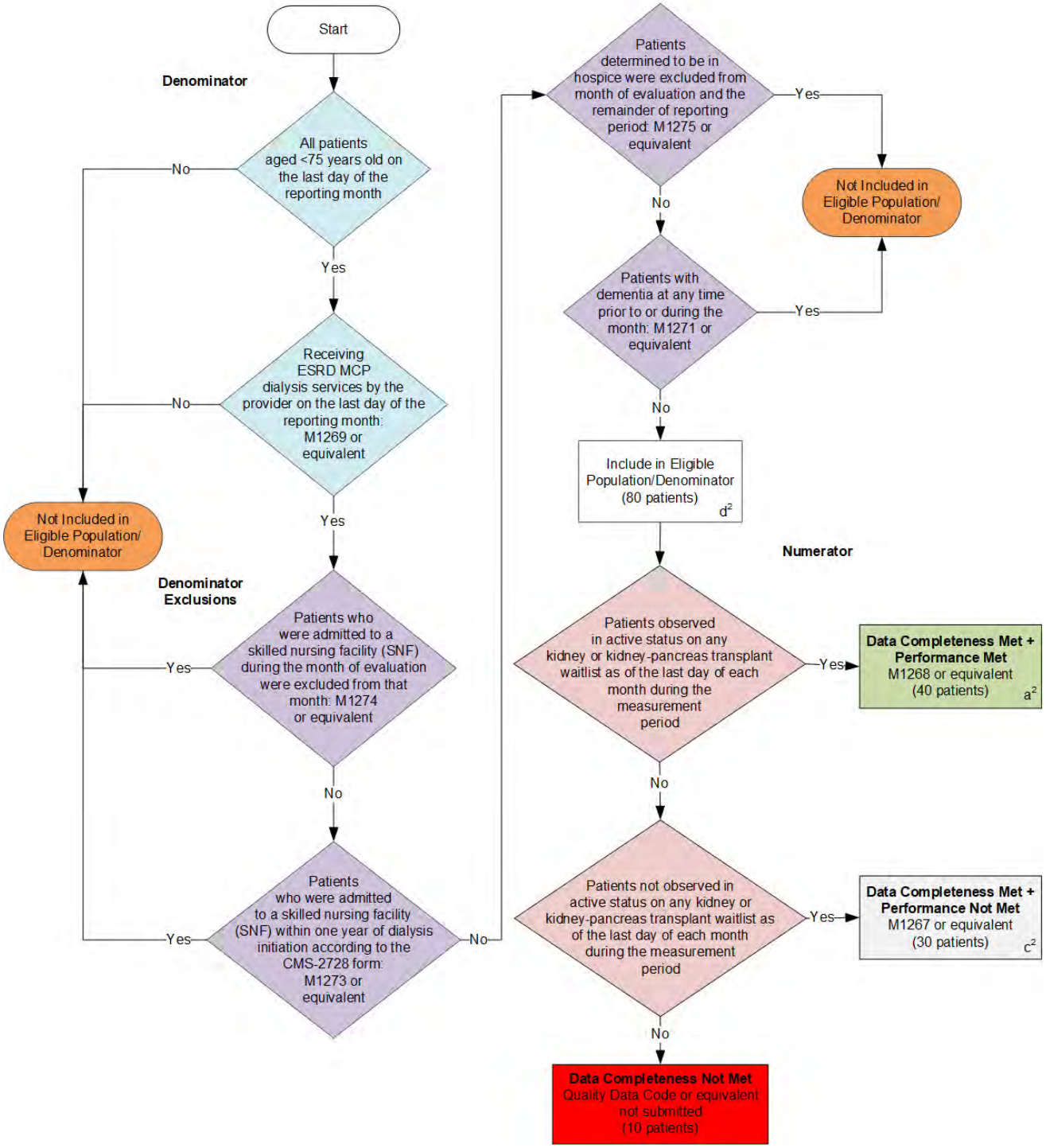
Submission Criteria Two



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SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness=

Performance Met (a^2=40 patients) + Performance Not Met (c^2=30 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d^2=80 patients) = 80 patients

Performance Rate=

Performance Met (a^2=40 patients) = 40 patients = **57.14%**

Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure. For a more technical workflow which includes applied model adjustments please refer to the technical notes found at https://dialysisdata.org/content/MIPS.

NOTE: Submission Frequency: Patient-Periodic

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2026 Clinical Quality Measure Flow Narrative for Quality ID #511: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Multiple Performance Rates

Accountability Reporting In The CMS MIPS Program: Sample Calculations

Overall Data Completeness Rate (Submission Criteria 2*) equals Performance Met (a^2 equals 40 patients) plus Performance Not Met (c^2 equals 30 patients) divided by Eligible Population/Denominator (d^2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Overall Performance Rate (Submission Criteria 2*) equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure. For a more technical workflow which includes applied model adjustments please refer to the technical notes found at https://dialysisdata.org/content/MIPS.

NOTE: Submission Frequency: Patient-Periodic

Submission Criteria One:

1. Start with Denominator
2. Check *All patients aged less than 75 years on the last day of the reporting month:*
    a. If *All patients aged less than 75 years on the last day of the reporting month* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *All patients aged less than 75 years on the last day of the reporting month* equals Yes, proceed to check *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month*.
3. Check *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month:*
    a. If *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month* equals Yes, proceed to check *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month*.
4. Check *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month*:
    a. If *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month* No, proceed to check *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form*.
5. Check *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form*:

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a. If *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

b. If *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form* equals No, proceed to check *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period.*

6. Check *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period*:

    a. If *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period* equals No, proceed to check *Patients with dementia at any time prior to or during the month*.

7. Check *Patients with dementia at any time prior to or during the month:*

    a. If *Patients with dementia at any time prior to or during the month* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients with dementia at any time prior to or during the month* equals No, include in *Eligible Population/Denominator*.

8. Denominator Population:

    - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^1 equals 80 patients in the Sample Calculation.

9. Start Numerator

10. Check *Patients observed on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period*:

    a. If *Patients observed on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equal Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 40 patients in the Sample Calculation.

    b. If *Patients observed on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equals No, proceed to check *Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period*.

11. Check *Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period*:

    a. If *Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 30 patients in the Sample Calculation.

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b. If *Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria One

Data Completeness equals Performance Met (a^1 equals 40 patients) plus Performance Not Met (c^1 equals 30 patients) divided by Eligible Population/Denominator (d^1 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure. For a more technical workflow which includes applied model adjustments please refer to the technical notes found at https://dialysisdata.org/content/MIPS.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

Submission Criteria Two:

1. Start with Denominator

2. Check *All patients aged less than 75 years on the last day of the reporting month:*

   a. If *All patients aged less than 75 years on the last day of the reporting month* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *All patients aged less than 75 years on the last day of the reporting month* equals Yes, proceed to check *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month*.

3. Check *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month:*

   a. If *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month* equals Yes, proceed to check *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month*.

4. Check *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month*:

   a. If *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

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b. If *Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month* No, proceed to check *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form*.

5. Check *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form*:

    a. If *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the CMS-2728 form* equals No, proceed to check *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period.*

6. Check *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period*:

    a. If *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period* equals No, proceed to check *Patients with dementia at any time prior to or during the month*.

7. Check *Patients with dementia at any time prior to or during the month:*

    a. If *Patients with dementia at any time prior to or during the month* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients with dementia at any time prior to or during the month* equals No, include in *Eligible Population/Denominator*.

8. Denominator Population:

    - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 80 patients in the Sample Calculation.

9. Start Numerator

10. Check *Patients observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period*:

    a. If *Patients observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equal Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 40 patients in the Sample Calculation.

    b. If *Patients observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equals No, proceed to check *Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period*.

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11. Check *Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period*:

    a. If *Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 30 patients in the Sample Calculation.

    b. If *Patients not observed in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

        - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria Two

Data Completeness equals Performance Met (a^2 equals 40 patients) plus Performance Not Met (c^2 equals 30 patients) divided by Eligible Population/Denominator (d^2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure. For a more technical workflow which includes applied model adjustments please refer to the technical notes found at https://dialysisdata.org/content/MIPS. .

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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