



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**  
**Payment Year: 2019**  
**Facility: 502520**

**Clinical Care Subdomain**

Improvement Period: 01/01/2016-12/31/2016  
 Performance Period: 01/01/2017-12/31/2017

**Table 1 - Clinical Care Subdomain Measures and Measure Topics**

| Clinical Care Measures/Measure Topics | Improvement Period Numerator | Improvement Period Denominator | Improvement Period Rate/Ratio | Performance Period Numerator | Performance Period Denominator | Performance Period Rate/Ratio | Achievement Threshold | Benchmark  | Improvement Score | Achievement Score | Measure Score        | Measure Weight (% of Subdomain) |
|---------------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------|------------|-------------------|-------------------|----------------------|---------------------------------|
| Hypercalcemia                         | 26                           | 1388                           | 1.87%                         | 11                           | 1487                           | 0.74%                         | 4.24%                 | 0.32%      | 7                 | 9                 | 9                    | 13.79%                          |
| Kt/V Comprehensive                    | 1583                         | 1644                           | 96.29%                        | 1590                         | 1687                           | 94.25%                        | 86.99%                | 97.74%     | 0                 | 7                 | 7                    | 32.76%                          |
| Standardized Transfusion Ratio        | 19                           | 27.668                         | 0.687                         | 19                           | 23.618                         | 0.804                         | 1.488                 | 0.421      | 0                 | 6                 | 6                    | 20.69%                          |
| <b>Vascular Access Type Topic</b>     | <b>N/A</b>                   | <b>N/A</b>                     | <b>N/A</b>                    | <b>N/A</b>                   | <b>N/A</b>                     | <b>N/A</b>                    | <b>N/A</b>            | <b>N/A</b> | <b>N/A</b>        | <b>N/A</b>        | <b>7<sup>c</sup></b> | <b>32.76%</b>                   |
| VAT Fistula                           | 699                          | 893                            | 78.28%                        | 709                          | 937                            | 75.67%                        | 53.66%                | 79.62%     | 0                 | 8                 | 8                    | N/A                             |
| VAT Catheter                          | 102                          | 841                            | 12.13%                        | 74                           | 847                            | 8.74%                         | 17.20%                | 2.95%      | 3                 | 6                 | 6                    | N/A                             |

Eligible Clinical Care Measures/Measure Topics: 4 of 4  
 Weighted Clinical Care Subdomain Score: 71

<sup>c</sup> The measure score was calculated by aggregating its component measure scores

**Notes:**

- A dash (-) indicates that a facility was not eligible to receive a score on the measure during the measurement period.
- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**  
**Payment Year: 2019**  
**Facility: 502520**

**Patient and Family Engagement/Care Coordination Subdomain**

Improvement Period: 01/01/2016-12/31/2016  
 Performance Period: 01/01/2017-12/31/2017

**Table 2 - Patient and Family Engagement/Care Coordination Subdomain Measures**

| Patient and Family Engagement/Care Coordination Measures | Improvement Period Numerator | Improvement Period Denominator | Improvement Period Rate/Ratio | Performance Period Numerator | Performance Period Denominator | Performance Period Rate/Ratio | Achievement Threshold | Benchmark    | Improvement Score | Achievement Score | Measure Score        | Measure Weight (% of Subdomain) |
|--|------------------------------|--------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------|--------------|-------------------|-------------------|----------------------|---------------------------------|
| <b>ICH CAHPS</b>   | <b>N/A</b>                   | <b>N/A</b>                     | <b>N/A</b>                    | <b>N/A</b>                   | <b>N/A</b>                     | <b>N/A</b>                    | <b>N/A</b>            | <b>N/A</b>   | <b>N/A</b>        | <b>N/A</b>        | <b>8<sup>c</sup></b> | <b>61.90%</b>                   |
| Neph Comm and Caring                                     | N/A                          | N/A                            | 75.51%                        | N/A                          | N/A                            | 78.80%                        | 56.41%                | 77.06%       | -                 | 10                | 10                   | N/A                             |
| Quality of Dialysis Care and Ops                         | N/A                          | N/A                            | 61.27%                        | N/A                          | N/A                            | 63.33%                        | 52.88%                | 71.21%       | 2                 | 6                 | 6                    | N/A                             |
| Providing Info to Patients                               | N/A                          | N/A                            | 80.19%                        | N/A                          | N/A                            | 83.81%                        | 72.09%                | 85.55%       | 6                 | 8                 | 8                    | N/A                             |
| Overall Rating of Neph                                   | N/A                          | N/A                            | 70.33%                        | N/A                          | N/A                            | 76.86%                        | 49.33%                | 76.57%       | -                 | 10                | 10                   | N/A                             |
| Overall Rating of Dialysis Staff                         | N/A                          | N/A                            | 64.36%                        | N/A                          | N/A                            | 68.89%                        | 48.84%                | 77.42%       | 3                 | 7                 | 7                    | N/A                             |
| Overall Rating of Dialysis Facility                      | N/A                          | N/A                            | 72.87%                        | N/A                          | N/A                            | 73.23%                        | 51.18%                | 80.58%       | 0                 | 7                 | 7                    | N/A                             |
| <b>Standardized Readmission Ratio</b>                    | <b>34</b>                    | <b>35.154</b>                  | <b>0.967</b>                  | <b>42</b>                    | <b>45.607</b>                  | <b>0.921</b>                  | <b>1.289</b>          | <b>0.624</b> | <b>1</b>          | <b>5</b>          | <b>5</b>             | <b>38.10%</b>                   |

Eligible Patient and Family Engagement/Care Coordination Measures: 2 of 2  
 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 69

<sup>c</sup> The measure score was calculated by aggregating its component measure scores

**Notes:**

- A dash (-) indicates that the facility was not eligible to receive a score on the measure during the measurement period.
- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**  
**Payment Year: 2019**  
**Facility: 502520**

**Safety Domain**

**Improvement Period: 01/01/2016-12/31/2016**  
**Performance Period: 01/01/2017-12/31/2017**

**Table 3 - Safety Domain Measures (Topic and Clinical Measure)**

| Safety Measures            | Improvement Period Numerator | Improvement Period Denominator | Improvement Period Rate/Ratio | Performance Period Numerator | Performance Period Denominator | Performance Period Rate/Ratio | Achievement Threshold | Benchmark | Improvement Score | Achievement Score | Measure Score  | Measure Weight (% of Domain) |
|----------------------------|------------------------------|--------------------------------|-------------------------------|------------------------------|--------------------------------|-------------------------------|-----------------------|-----------|-------------------|-------------------|----------------|------------------------------|
| <b>NHSN Topic</b>          | N/A                          | N/A                            | N/A                           | N/A                          | N/A                            | N/A                           | N/A                   | N/A       | N/A               | N/A               | 7 <sup>c</sup> | 100.00%                      |
| NHSN Bloodstream Infection | -                            | -                              | -                             | 7.000                        | 8.356                          | 0.838                         | 1.738                 | 0.000     | 0                 | 5                 | 5              | N/A                          |

**Table 4 - Safety Domain Measures (Reporting Measure)**

| Safety Measure                | Number of Successful Reported Months | Number of Eligible Months | Measure Score | Measure Weight (% of Domain) |
|-------------------------------|--------------------------------------|---------------------------|---------------|------------------------------|
| NHSN Dialysis Event Reporting | 12                                   | 12                        | 10            | N/A                          |

Eligible Safety Measures: 2 of 2  
 Weighted Safety Domain Score: 70.000

<sup>c</sup>The measure score was calculated by aggregating its component measure scores

**Notes:**

- A dash (-) indicates that the facility was not eligible to receive a score on the measure during the measurement period.
- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**  
**Payment Year: 2019**  
**Facility: 502520**

**Reporting Domain**

Performance Period: 01/01/2017-12/31/2017

NHSN HCP Influenza Vaccination Performance Period: 10/01/2016-03/31/2017

**Table 5 - Reporting Domain Measures (Reported Months)**

| Reporting Measures | Number of Successful Reported Months | Number of Eligible Months | Threshold Reporting Rate | Measure Score | Measure Weight (% of Domain) |
|--------------------|--------------------------------------|---------------------------|--------------------------|---------------|------------------------------|
| Anemia Management  | 12                                   | 12                        | 99%                      | 10            | 20.00%                       |
| Mineral Metabolism | 12                                   | 12                        | 97%                      | 10            | 20.00%                       |

**Table 6 - Reporting Domain Measures (Reported Patients)**

| Reporting Measures                              | Number of Reported Patients | Number of Eligible Patients | Measure Score | Measure Weight (% of Domain) |
|---|-----------------------------|-----------------------------|---------------|------------------------------|
| Clinical Depression Screening and Follow-up     | 176                         | 176                         | 10            | 20.00%                       |
| NHSN Healthcare Personnel Influenza Vaccination | N/A                         | N/A                         | 10            | 20.00%                       |
| Pain Assessment and Follow-up                   | N/A                         | N/A                         | 10            | 20.00%                       |
| Period 1  | 154                         | 154                         | N/A           | N/A                          |
| Period 2  | 157                         | 157                         | N/A           | N/A                          |

Eligible Reporting Measures: 5 of 5  
 Weighted Reporting Domain Score: 100.000

**Notes:**

- A dash (-) indicates that the facility was not eligible to receive a score on the measure during the measurement period.
- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report  
Payment Year: 2019  
Facility: 502520**

**Preview Performance Score**

**Table 7 - Preview Performance Score Details**

| Category   | Facility Score | State Average Score* | National Average Score* | Facility Measure Weights | Facility Weighted Score |
|--|----------------|----------------------|-------------------------|--------------------------|-------------------------|
| <b>Total Performance Score Before Applicable Deductions+</b> | <b>73</b>      | <b>70</b>            | <b>66</b>               | <b>N/A</b>               | <b>N/A</b>              |
| <b>Clinical Measure Domain (75%)</b>                         | <b>69.800</b>  | <b>66.500</b>        | <b>60.124</b>           | <b>N/A</b>               | <b>52.350</b>           |
| Hypercalcemia  | 9              | 7                    | 7                       | 8.00%                    | 0.7200                  |
| ICH CAHPS  | 8              | 7                    | 5                       | 26.00%                   | 2.0800                  |
| Kt/V Comprehensive   | 7              | 8                    | 8                       | 19.00%                   | 1.3300                  |
| Standardized Readmission Ratio                               | 5              | 6                    | 5                       | 16.00%                   | 0.8000                  |
| Standardized Transfusion Ratio                               | 6              | 7                    | 5                       | 12.00%                   | 0.7200                  |
| Vascular Access Type Topic                                   | 7              | 6                    | 5                       | 19.00%                   | 1.3300                  |
| <b>Safety Measure Domain (15%)</b>                           | <b>70.000</b>  | <b>75.747</b>        | <b>72.386</b>           | <b>N/A</b>               | <b>10.500</b>           |
| NHSN Topic   | 7              | 8                    | 7                       | 100.00%                  | 7.0000                  |
| <b>Reporting Measure Domain (10%)</b>                        | <b>100.000</b> | <b>92.555</b>        | <b>94.989</b>           | <b>N/A</b>               | <b>10.000</b>           |
| Anemia Management  | 10             | 10                   | 10                      | 20.00%                   | 2.0000                  |
| Clinical Depression Screening                                | 10             | 10                   | 10                      | 20.00%                   | 2.0000                  |
| Mineral Metabolism   | 10             | 9                    | 9                       | 20.00%                   | 2.0000                  |
| NHSN HCP Influenza Vaccination                               | 10             | 9                    | 9                       | 20.00%                   | 2.0000                  |
| Pain Assessment  | 10             | 10                   | 10                      | 20.00%                   | 2.0000                  |

\* State and National Average Scores are unweighted

**Notes:**

- A dash (-) indicates that the facility was not eligible to receive a score on the measure during the measurement period.

**Minimum Total Performance Score: 60 points**  
**Extraordinary Circumstance Exception Approved: N/A**  
**+Total Performance Score Before Applicable Deductions: 73 points**  
**Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points**  
**Total Performance Score: 73 points**  
**Total Payment Reduction: No Reduction**

Please consult the CMS ESRD Measures Manual (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/CMS-ESRD-Measures-Manual-2017.pdf>) and the CMS ESRD QIP Guide to the PSR ([https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890829400&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DPY2019\\_GuidePSR\\_061518.pdf&blobcol=urldata&blobtable=MungoBlobs](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890829400&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DPY2019_GuidePSR_061518.pdf&blobcol=urldata&blobtable=MungoBlobs)) for additional details on scoring calculations.