



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

Facility: 502510

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	28	471	5.94%	2	456	0.44%	4.24%	0.32%	9	9	9	16.75%
Kt/V Comprehensive	500	534	93.63%	504	530	95.09%	86.99%	97.74%	3	7	7	30.71%
Standardized Transfusion Ratio	14	11.643	1.202	8	8.506	0.941	1.488	0.421	3	5	5	21.83%
Vascular Access Type Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8c	30.71%
VAT Fistula	332	378	87.83%	336	432	77.78%	53.66%	79.62%	0	9	9	N/A
VAT Catheter	10	340	2 94%	28	390	7 18%	17 20%	2 95%	0	7	7	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
Weighted Clinical Care Subdomain Score: 72

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.

 $^{^{\}circ}\mbox{The}$ measure score was calculated by aggregating its component measure scores







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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)
ICH CAHPS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
Neph Comm and Caring	N/A	N/A	-	N/A	N/A	-	56.41%	77.06%	-	-	-	N/A
Quality of Dialysis Care and	N/A	N/A	-	N/A	N/A	-	52.88%	71.21%	-	-	-	N/A
Ops												
Providing Info to Patients	N/A	N/A	-	N/A	N/A	-	72.09%	85.55%	=	-	=	N/A
Overall Rating of Neph	N/A	N/A	-	N/A	N/A	-	49.33%	76.57%	=	-	=	N/A
Overall Rating of Dialysis Staff	N/A	N/A	-	N/A	N/A	-	48.84%	77.42%	=	-	=	N/A
Overall Rating of Dialysis	N/A	N/A	-	N/A	N/A	-	51.18%	80.58%	=	-	=	N/A
Facility												
Standardized Readmission Ratio	10	16.767	0.596	13	19.015	0.684	1.289	0.624	0	9	9	100.00%

Eligible Patient and Family Engagement/Care Coordination Measures: 1 of 2 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 90

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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)

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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)
NHSN Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9c	100.00%
NHSN Bloodstream Infection	4.000	2.218	1.803	1.000	2.642	0.378	1.738	0.000	7	8	8	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: 90.000

Notes:

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[°]The measure score was calculated by aggregating its component measure scores





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Payment Year: 2019 Facility: 502510

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)

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Reporting Measures	Number of Reported Patients	Number of Eligible Patients	Measure Score	Measure Weight (% of Domain)
Clinical Depression Screening and Follow-up	65	65	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	47	47	N/A	N/A
Period 2	56	56	N/A	N/A

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

Notes

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Preview Performance Score

Table 7 - Preview Performance Score Details

Category	Facility Score	State Average Score*	National Average Score*	Facility Measure Weights	Facility Weighted Score
Total Performance Score Before Applicable Deductions+	80	70	66	N/A	N/A
Clinical Measure Domain (75%)	75.860	66.500	60.124	N/A	56.895
Hypercalcemia	9	7	7	13.20%	1.1880
ICH CAHPS	-	7	5	-	-
Kt/V Comprehensive	7	8	8	24.20%	1.6940
Standardized Readmission Ratio	9	6	5	21.20%	1.9080
Standardized Transfusion Ratio	5	7	5	17.20%	0.8600
Vascular Access Type Topic	8	6	5	24.20%	1.9360
Safety Measure Domain (15%)	90.000	75.747	72.386	N/A	13.500
NHSN Topic	9	8	7	100.00%	9.0000
Reporting Measure Domain (10%)	100.000	92.555	94.989	N/A	10.000
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: 80 points

Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points

Total Performance Score: 80 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)for additional details on scoring calculations.