



Report Run Date: 08/06/2018

End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report
Payment Year: 2019
Facility: 502540

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	3	261	1.15%	0	310	0.00%	4.24%	0.32%	-	10	10	16.75%
Kt/V Comprehensive	246	248	99.19%	276	276	100.00%	86.99%	97.74%	-	10	10	30.71%
Standardized Transfusion Ratio	4	5.812	0.688	4	5.618	0.605 ^s	1.488	0.421	3	8	8	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	10^c	30.71%
VAT Fistula	175	202	86.63%	218	251	86.85%	53.66%	79.62%	-	10	10	N/A
VAT Catheter	2	194	1.03%	1	211	0.47%	17.20%	2.95%	-	10	10	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
 Weighted Clinical Care Subdomain Score: 96

^s Small Facility Adjustment applied
^c 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.



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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 Ops	N/A	N/A	-	N/A	N/A	-	52.88%	71.21%	-	-	-	N/A
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 Facility	N/A	N/A	-	N/A	N/A	-	51.18%	80.58%	-	-	-	N/A
Standardized Readmission Ratio	3	6.446	0.465	13	12.978	1.002	1.289	0.624	0	4	4	100.00%

Eligible Patient and Family Engagement/Care Coordination Measures: 1 of 2
 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 40

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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)

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	7^c	100.00%
NHSN Bloodstream Infection	3.000	1.230	2.438	2.000	1.679	1.191	1.738	0.000	5	3	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

^cThe measure score was calculated by aggregating its component measure scores

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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	11	12	97%	9	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	35	35	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	29	29	N/A	N/A
Period 2	29	29	N/A	N/A

Eligible Reporting Measures: 5 of 5
 Weighted Reporting Domain Score: 98.000

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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+	83	70	66	N/A	N/A
Clinical Measure Domain (75%)	83.840	66.500	60.124	N/A	62.880
Hypercalcemia	10	7	7	13.20%	1.3200
ICH CAHPS	-	7	5	-	-
Kt/V Comprehensive	10	8	8	24.20%	2.4200
Standardized Readmission Ratio	4	6	5	21.20%	0.8480
Standardized Transfusion Ratio	8	7	5	17.20%	1.3760
Vascular Access Type Topic	10	6	5	24.20%	2.4200
Safety Measure Domain (15%)	70.000	75.747	72.386	N/A	10.500
NHSN Topic	7	8	7	100.00%	7.0000
Reporting Measure Domain (10%)	98.000	92.555	94.989	N/A	9.800
Anemia Management	10	10	10	20.00%	2.0000
Clinical Depression Screening	10	10	10	20.00%	2.0000
Mineral Metabolism	9	9	9	20.00%	1.8000
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: 83 points
Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points
Total Performance Score: 83 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.