



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

**Facility: 502523** 

## **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	0	792	0.00%	3	897	0.33%	4.24%	0.32%	0	9	9	13.79%
Kt/V Comprehensive	738	744	99.19%	841	849	99.06%	86.99%	97.74%	-	10	10	32.76%
Standardized Transfusion Ratio	4	17.766	0.225	7	15.063	0.465	1.488	0.421	0	9	9	20.69%
Vascular Access Type Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5°	32.76%
VAT Fistula	415	616	67.37%	476	668	71.26%	53.66%	79.62%	3	7	7	N/A
VAT Catheter	65	576	11 28%	67	613	10 93%	17 20%	2 95%	0	4	4	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
Weighted Clinical Care Subdomain Score: 80

#### 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.

<sup>°</sup>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	<b>7</b> °	61.90%
Neph Comm and Caring	N/A	N/A	79.09%	N/A	N/A	77.40%	56.41%	77.06%	-	10	10	N/A
Quality of Dialysis Care and	N/A	N/A	67.89%	N/A	N/A	61.87%	52.88%	71.21%	0	5	5	N/A
Ops												
Providing Info to Patients	N/A	N/A	87.40%	N/A	N/A	83.41%	72.09%	85.55%	0	8	8	N/A
Overall Rating of Neph	N/A	N/A	74.12%	N/A	N/A	81.80%	49.33%	76.57%	=	10	10	N/A
Overall Rating of Dialysis Staff	N/A	N/A	72.20%	N/A	N/A	57.72%	48.84%	77.42%	0	3	3	N/A
Overall Rating of Dialysis	N/A	N/A	80.33%	N/A	N/A	64.93%	51.18%	80.58%	0	5	5	N/A
Facility												
Standardized Readmission Ratio	26	22.590	1.151	18	23.553	0.764	1,289	0.624	7	8	8	38.10%

Eligible Patient and Family Engagement/Care Coordination Measures: 2 of 2 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 74

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





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**Facility: 502523** 

**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	8c	100.00%
NHSN Bloodstream Infection	4.000	4.748	0.842	4.000	5.591	0.715	1.738	0.000	1	6	6	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: 80.000

#### Notes:

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 $<sup>^{\</sup>circ}\textsc{The}$  measure score was calculated by aggregating its component measure scores







# **End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**

Payment Year: 2019 Facility: 502523

# **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	90	90	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	77	77	N/A	N/A
Period 2	82	82	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%)	77.500	66.500	60.124	N/A	58.125
Hypercalcemia	9	7	7	8.00%	0.7200
ICH CAHPS	7	7	5	26.00%	1.8200
Kt/V Comprehensive	10	8	8	19.00%	1.9000
Standardized Readmission Ratio	8	6	5	16.00%	1.2800
Standardized Transfusion Ratio	9	7	5	12.00%	1.0800
Vascular Access Type Topic	5	6	5	19.00%	0.9500
Safety Measure Domain (15%)	80.000	75.747	72.386	N/A	12.000
NHSN Topic	8	8	7	100.00%	8.0000
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

<sup>\*</sup> 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

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.