End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report
Payment Year: 2019
Facility: 502511

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	1	762	0.13%	2	842	0.24%	4.24%	0.32%	-	10	10	13.79%
Kt/V Comprehensive	694	741	93.66%	740	790	93.67%	86.99%	97.74%	0	6	6	32.76%
Standardized Transfusion Ratio	13	13.766	0.944	15	12.483	1.202	1.488	0.421	0	3	3	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	7c	32.76%
VAT Fistula	374	520	71.92%	369	539	68.46%	53.66%	79.62%	0	6	6	N/A
VAT Catheter	8	406	1.97%	22	474	4.64%	17.20%	2.95%	0	8	8	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
Weighted Clinical Care Subdomain Score: 63

c The measure score was calculated by aggregating its component measure scores

Notes:
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- "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**	**6c**	**61.90%**
Neph Comm and Caring	N/A	N/A	-	N/A	N/A	73.21%	56.41%	77.06%	-	8	8	N/A
Quality of Dialysis Care and Ops	N/A	N/A	-	N/A	N/A	65.25%	52.88%	71.21%	-	7	7	N/A
Providing Info to Patients	N/A	N/A	-	N/A	N/A	79.27%	72.09%	85.55%	-	5	5	N/A
Overall Rating of Neph	N/A	N/A	-	N/A	N/A	58.86%	49.33%	76.57%	-	4	4	N/A
Overall Rating of Dialysis Staff	N/A	N/A	-	N/A	N/A	65.66%	48.84%	77.42%	-	6	6	N/A
Overall Rating of Dialysis Facility	N/A	N/A	-	N/A	N/A	74.16%	51.18%	80.58%	-	8	8	N/A
Standardized Readmission Ratio	**32**	**22.366**	**1.431**	**25**	**23.505**	**1.064**	**1.289**	**0.624**	**4**	**4**	**4**	**38.10%**

Eligible Patient and Family Engagement/Care Coordination Measures: 2 of 2
Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 52

c The measure score was calculated by aggregating its component measure scores

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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**	**6[c]**	**100.00%**
NHSN Bloodstream Infection	2.000	4.704	0.425	7.000	6.059	1.155	1.738	0.000	0	4	4	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: **60.000**

[c] **The 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	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	99	99	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	75	75	N/A	N/A
Period 2	87	87	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+	63	70	66	N/A	N/A
Clinical Measure Domain (75%)	58.300	66.500	60.124	N/A	43.725
Hypercalcemia	10	7	7	8.00%	0.8000
ICH CAHPS	6	7	5	26.00%	1.5600
Kt/V Comprehensive	6	8	8	19.00%	1.1400
Standardized Readmission Ratio	4	6	5	16.00%	0.6400
Standardized Transfusion Ratio	3	7	5	12.00%	0.3600
Vascular Access Type Topic	7	6	5	19.00%	1.3300
Safety Measure Domain (15%)	60.000	75.747	72.386	N/A	9.000
NHSN Topic	6	8	7	100.00%	6.0000
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: 63 points
Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points
Total Performance Score: 63 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.