



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**  
**Payment Year: 2019**  
**Facility: 502536**

**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	22	895	2.46%	12	914	1.31%	4.24%	0.32%	5	7	7	16.75%
Kt/V Comprehensive	992	1036	95.75%	1037	1069	97.01%	86.99%	97.74%	6	9	9	30.71%
Standardized Transfusion Ratio	16	21.566	0.742	13	21.916	0.593	1.488	0.421	4	8	8	21.83%
<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>3<sup>c</sup></b>	<b>30.71%</b>
VAT Fistula	510	681	74.89%	491	718	68.38%	53.66%	79.62%	0	6	6	N/A
VAT Catheter	62	641	9.67%	101	644	15.68%	17.20%	2.95%	0	1	1	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4  
 Weighted Clinical Care Subdomain Score: 66

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

**Notes:**

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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)
<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>-</b>	<b>-</b>
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
<b>Standardized Readmission Ratio</b>	<b>24</b>	<b>29.257</b>	<b>0.820</b>	<b>38</b>	<b>35.262</b>	<b>1.078</b>	<b>1.289</b>	<b>0.624</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>100.00%</b>

Eligible Patient and Family Engagement/Care Coordination Measures: 1 of 2  
 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 30

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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)
<b>NHSN 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>100.00%</b>
NHSN Bloodstream Infection	1.000	5.585	0.179	7.000	7.825	0.895	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

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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	129	129	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	101	101	N/A	N/A
Period 2	111	111	N/A	N/A

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

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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
<b>Total Performance Score Before Applicable Deductions+</b>	<b>64</b>	<b>70</b>	<b>66</b>	<b>N/A</b>	<b>N/A</b>
<b>Clinical Measure Domain (75%)</b>	<b>58.400</b>	<b>66.500</b>	<b>60.124</b>	<b>N/A</b>	<b>43.800</b>
Hypercalcemia	7	7	7	13.20%	0.9240
ICH CAHPS	-	7	5	-	-
Kt/V Comprehensive	9	8	8	24.20%	2.1780
Standardized Readmission Ratio	3	6	5	21.20%	0.6360
Standardized Transfusion Ratio	8	7	5	17.20%	1.3760
Vascular Access Type Topic	3	6	5	24.20%	0.7260
<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:**

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**Minimum Total Performance Score: 60 points  
Extraordinary Circumstance Exception Approved: N/A  
+Total Performance Score Before Applicable Deductions: 64 points  
Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points  
Total Performance Score: 64 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.