



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

Facility: 502509

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	11	1871	0.59%	7	1906	0.37%	4.24%	0.32%	8	9	9	13.79%
Kt/V Comprehensive	1718	1758	97.72%	1820	1863	97.69%	86.99%	97.74%	0	9	9	32.76%
Standardized Transfusion Ratio	20	33.364	0.599	21	28.112	0.747	1.488	0.421	0	7	7	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	7 ^c	32.76%
VAT Fistula	964	1334	72.26%	956	1269	75.33%	53.66%	79.62%	4	8	8	N/A
VAT Catheter	96	1229	7.81%	97	1175	8 26%	17 20%	2 95%	0	6	6	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
Weighted Clinical Care Subdomain Score: 79

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.

[°]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	6 ^c	61.90%
Neph Comm and Caring	N/A	N/A	79.71%	N/A	N/A	75.01%	56.41%	77.06%	0	9	9	N/A
Quality of Dialysis Care and	N/A	N/A	60.06%	N/A	N/A	61.04%	52.88%	71.21%	0	5	5	N/A
Ops												
Providing Info to Patients	N/A	N/A	80.29%	N/A	N/A	78.62%	72.09%	85.55%	0	5	5	N/A
Overall Rating of Neph	N/A	N/A	85.55%	N/A	N/A	67.92%	49.33%	76.57%	0	7	7	N/A
Overall Rating of Dialysis Staff	N/A	N/A	61.41%	N/A	N/A	62.75%	48.84%	77.42%	0	5	5	N/A
Overall Rating of Dialysis	N/A	N/A	77.24%	N/A	N/A	73.59%	51.18%	80.58%	0	7	7	N/A
Facility												
Standardized Readmission Ratio	50	56.441	0.886	58	55.050	1.054	1,289	0.624	0	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

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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	6 c	100.00%
NHSN Bloodstream	-	-	-	15.000	11.730	1.279	1.738	0.000	0	3	3	N/A
Infection												

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

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Payment Year: 2019 Facility: 502509

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	208	208	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	178	178	N/A	N/A
Period 2	173	173	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+	70	70	66	N/A	N/A
Clinical Measure Domain (75%)	68.000	66.500	60.124	N/A	51.000
Hypercalcemia	9	7	7	8.00%	0.7200
ICH CAHPS	6	7	5	26.00%	1.5600
Kt/V Comprehensive	9	8	8	19.00%	1.7100
Standardized Readmission Ratio	4	6	5	16.00%	0.6400
Standardized Transfusion Ratio	7	7	5	12.00%	0.8400
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: 70 points

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

Total Performance Score: 70 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.