



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

Facility: 502500

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	41	1810	2.27%	26	1765	1.47%	4.24%	0.32%	4	7	7	13.79%
Kt/V Comprehensive	2383	2549	93.49%	2221	2392	92.85%	86.99%	97.74%	0	5	5	32.76%
Standardized Transfusion Ratio	57	57.166	0.997	33	42.915	0.769	1.488	0.421	3	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	5°	32.76%
VAT Fistula	1053	1435	73.38%	954	1394	68.44%	53.66%	79.62%	0	6	6	N/A
VAT Catheter	96	1306	7.35%	156	1289	12.10%	17 20%	2 95%	0	4	4	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
Weighted Clinical Care Subdomain Score: 57

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	4 ^c	61.90%
Neph Comm and Caring	N/A	N/A	69.75%	N/A	N/A	67.60%	56.41%	77.06%	0	5	5	N/A
Quality of Dialysis Care and	N/A	N/A	60.21%	N/A	N/A	56.88%	52.88%	71.21%	0	2	2	N/A
Ops												
Providing Info to Patients	N/A	N/A	77.43%	N/A	N/A	75.48%	72.09%	85.55%	0	3	3	N/A
Overall Rating of Neph	N/A	N/A	59.98%	N/A	N/A	64.88%	49.33%	76.57%	2	6	6	N/A
Overall Rating of Dialysis Staff	N/A	N/A	62.81%	N/A	N/A	57.16%	48.84%	77.42%	0	3	3	N/A
Overall Rating of Dialysis	N/A	N/A	75.13%	N/A	N/A	73.59%	51.18%	80.58%	0	7	7	N/A
Facility												
Standardized Readmission Ratio	68	84.083	0.809	90	92.505	0.973	1.289	0.624	0	5	5	38.10%

Eligible Patient and Family Engagement/Care Coordination Measures: 2 of 2 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 44

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 $^{^{\}circ}\mbox{The measure score}$ 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)

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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°	100.00%
NHSN Bloodstream Infection	-	-		14.000	11.189	1.251	1.738	0.000	0	3	3	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

Notes:

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 $^{^{\}circ}\textsc{The}$ 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)

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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	290	290	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	251	251	N/A	N/A
Period 2	239	239	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+	58	70	66	N/A	N/A
Clinical Measure Domain (75%)	51.400	66.500	60.124	N/A	38.550
Hypercalcemia	7	7	7	8.00%	0.5600
ICH CAHPS	4	7	5	26.00%	1.0400
Kt/V Comprehensive	5	8	8	19.00%	0.9500
Standardized Readmission Ratio	5	6	5	16.00%	0.8000
Standardized Transfusion Ratio	7	7	5	12.00%	0.8400
Vascular Access Type Topic	5	6	5	19.00%	0.9500
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: 58 points

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

Total Performance Score: 58 points
Total Payment Reduction: 0.5%

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.