

## Quarterly Dialysis Facility Compare -- Preview Report for October 2019 Release

- **This Quarterly DFC Preview Report includes data specific to CCN(s): 502594**

- **Purpose of the Report**

This report provides you with advance notice of the updated quality measures for your facility that will be reported on the Dialysis Facility Compare (DFC) website (<https://www.medicare.gov/dialysisfacilitycompare/>).

- **Overview**

This report was created for all Medicare certified dialysis facilities that are operating according to DFC in July 2019. The measures included in the report are based primarily on Medicare-paid dialysis claims, CROWNWeb, and other data collected for CMS. This report contains eight tables that summarize the patient outcomes and treatment patterns for chronic dialysis patients. Unless otherwise specified, data refer to all dialysis patients combined (i.e., hemodialysis and peritoneal dialysis, adult and pediatric). The measures reported in the Table "Quarterly Dialysis Facility Compare Preview", beginning on page 3, will be reported on the DFC website and available in the DFC downloadable databases at <https://data.medicare.gov> in October 2019.

Description of the methodology for all measures and the star rating in this report can be found in the *Guide to the Quarterly Dialysis Facility Compare Report* and the *Technical Notes on the Dialysis Facility Compare Quality of Patient Care Star Rating Methodology for the October 2018 Release*, both of which are available on the DialysisData website at [www.dialysisdata.org](http://www.dialysisdata.org).

- **What's New This Quarter**

The Table "Upcoming New Measures" has been removed. The measures that were previously included in this table (Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients and Percentage of Prevalent Patients Waitlisted) are now reported in Table 1 and will be publicly reported on the DFC website.

All of the annual standardized ratio measures reported in Table 1 (Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, Standardized Transfusion Ratio, Standardized Fistula Rate, Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients, and Percentage of Prevalent Patients Waitlisted) are updated this quarter, using data during 2015-2018 for SMR, 2015-2017 for SWR, and January 2018 - December 2018 for the other standardized measures.

The standardized infection ratio reported in Table 2 has been updated this quarter, using data during January 2018 - December 2018.

The quarterly measures in Table 3 (hemoglobin) and Table 4 (hypercalcemia, serum phosphorus concentrations, Kt/V, long-term catheter rate, and nPCR) have been updated by one quarter, using data during January 2018 - December 2018.

ICH CAHPS patient experience of care measures in Table 5 have been updated this quarter.

The DFC quality of patient care star rating has been updated this quarter.

- **How to Submit Comments**

This preview period will be held during **July 15, 2019 - August 15, 2019**. As part of a new process to encourage early requests of patient lists to allow sufficient time for facility review and inquiry during the preview period, patient list requests must now be made **within the first ten days** of the preview period. During the entire preview period, you may submit comments to CMS on the measures included in this report. Your comments will be shared with CMS but will not appear on the DFC website. Please visit the [www.dialysisdata.org](http://www.dialysisdata.org) website, log on to view your report, and click on the **Comments & Inquiries** tab. If you have questions after the comment period is closed, please contact us directly at [dialysisdata@umich.edu](mailto:dialysisdata@umich.edu) or 1-855-764-2885.

**Prepared by**

**The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) under contract with the Centers for Medicare & Medicaid Services**

**Quarterly Dialysis Facility Compare Preview:** The following table displays measures for this facility as they will appear on the DFC website. Please refer to Table 1 for more information on hospitalization (admissions and readmissions), deaths, transfusions, fistula rate, transplant waitlist ratio, or percentage of patients waitlisted, Table 2 for infection, Table 3 for hemoglobin, Table 4 for mineral and bone disorder, dialysis adequacy and nutritional status measures, and long-term catheter reported in CROWNWeb, Table 5 for patient experience of care, and Table 6 for the star rating calculation. The Quality of Patient Care Star Rating, Standardized Mortality, Hospitalization, Readmission, Transfusion, Waitlist, and Infection Rates/Ratios are updated annually in October; Patient Survey Results are updated semi-annually in April and October; all other measures are updated quarterly in January, April, July, and October. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the Quarterly Dialysis Facility Compare Report*. The *Guide* is available on the Dialysis Data website at [www.dialysisdata.org](http://www.dialysisdata.org).

Measure Name	This Facility
<b>1 Quality of Patient Care Star Rating (January 2015-December 2018, Table 6)</b>	<b>Not Available</b> <b>Not enough measures to calculate a star rating</b>
<b>2 Quality of patient care tab</b>	
<b>Avoiding hospitalizations and deaths (Table 1)</b>	
2.1 Frequency of patient death <sup>1</sup> (2015-2018) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>2</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
2.2 Frequency of hospital admission <sup>1</sup> (2018) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>2</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
2.3 Frequency of hospital readmission <sup>1</sup> (2018, percentage of hospital discharges) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>2</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
<b>Avoiding unnecessary transfusions (2018, Table 1)</b>	
2.4 Rate of Transfusions <sup>1</sup> Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>2</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
<b>Transplant Waitlist (Table 1)</b>	
2.5 Transplant waitlist within a year of dialysis initiation (2015-2017) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>4</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
2.6 Patients who were on the kidney or kidney-pancreas transplant waiting list <sup>3</sup> (2018) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
<b>Preventing bloodstream infections (2018, Table 2)</b>	
2.7 Preventing bloodstream infections: Standardized Infection Ratio Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>2</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
<b>Using the most effective access to the bloodstream<sup>3</sup> (2018)</b>	
2.8 Rate of fistula (Table 1) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category <sup>4</sup>	<b>Not Available</b> <b>Not Available</b> <b>Not Available</b>
2.9 Adult patients who had a catheter (tube) left in a vein for at least three consecutive complete months, for the regular hemodialysis treatments (Table 4)	<b>Not Available</b>

(continued)

**Quarterly Dialysis Facility Compare Preview (continued):**

Measure Name	This Facility	
<b>Removing waste from blood and nutritional status<sup>3</sup> (2018, Table 4)</b>		
2.10 Adult patients who had enough waste removed from their blood during hemodialysis	Not Available	
2.11 Adult patients who had enough waste removed from their blood during peritoneal dialysis	Not Available	
2.12 Children who had enough waste removed from their blood during hemodialysis	Not Available	
2.13 Children who had enough waste removed from their blood during peritoneal dialysis	Not Available	
2.14 Children who had a monthly normalized protein catabolic rate (nPCR) measured during in-center hemodialysis	Not Available	
<b>Keeping a patient's bone mineral levels in balance<sup>3</sup> (2018, Table 4)</b>		
2.15 Adult patients who had too much calcium in their blood	Not Available	
<b>3 Survey of patients' experiences table<sup>5</sup> (Spring 2018-Fall 2018, Table 5)</b>		
	<b>% of Always (Yes) Responses</b>	<b>Star Rating</b>
3.1 Kidney doctors' communication and caring	Not Available	Not Available
3.2 Dialysis center staff care and operations	Not Available	Not Available
3.3 Providing information to patients	Not Available	Not Available
3.4 Rating of kidney doctors	Not Available	Not Available
3.5 Rating of dialysis center staff	Not Available	Not Available
3.6 Rating of dialysis facility	Not Available	Not Available
3.7 Overall star rating	n/a	Not Available

n/a = not applicable

[1] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, readmission, and transfusion are 22.1, 188.8, 26.8, 21.1, respectively. Calculation of rates using values in report may not equal actual rates shown due to rounding of values.

[2] If the facility SMR (SHR, SRR, STrR, or SIR) is less than 1.00 and statistically significant (p<0.05), the classification is "Better than Expected". This classification is based on the measure ratio, not the rate. If the ratio is greater than 1.00 and statistically significant (p<0.05), the classification is "Worse than Expected". Otherwise, the classification is "As Expected" on DFC. Please note that the SMR is not reported on DFC if it is based on fewer than 3 expected deaths. Similarly, the SHR and STrR are not reported if they are based on fewer than 5 or 10 patient years at risk, respectively. The SRR is not reported if the facility experienced fewer than 11 index discharges. The SIR is not reported if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.

[3] Percentages based on fewer than 11 patients will be reported as "Not Available" on DFC.

[4] If the facility SFR (or SWR) is greater than national SFR (or SWR) and statistically significant (p<0.05), the classification is "Better than Expected". If the rate is less than national rate and statistically significant (p<0.05), the classification is "Worse than expected". The classification is "Not Available" if a facility has fewer than 11 eligible adult HD patients for SFR (fewer than 11 patients or less than 2 expected events for SWR). Otherwise, the classification is "As Expected" on DFC.

[5] Survey results based on 29 or fewer completed surveys over the two survey periods will be reported as "Not Available" on DFC.

**TABLE 1: Mortality, Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients, Fistula Use, and Transplant Waitlist Summary for All Dialysis Patients<sup>1</sup>**

The mortality summaries reported in the first part of the table include all Medicare dialysis patients treated at your facility between 2015 and 2018. The hospital admissions and transfusions summaries include all Medicare dialysis patients treated at your facility in 2018. The hospital readmissions summaries include all Medicare-covered hospitalizations that ended in 2018 for all patients in your facility. The fistula use and transplant waitlist percent summaries include all dialysis patients treated at your facility in 2018. The transplant waitlist ratio includes all dialysis patients treated at your facility during 2015-2017. State and national averages are included to allow for comparisons. SMR, SHR, SRR, STrR, and SWR are updated annually in October; SFR and PPPW are updated quarterly in January, April, July, and October.

Measure Name	This Facility	Regional Averages <sup>2</sup> , per Year	
		State	U.S.
<b>Standardized Mortality Ratio (SMR)</b>	<b>2015-2018</b>	<b>2015-2018</b>	<b>2015-2018</b>
1a Medicare patients (n=number) <sup>3</sup>	1	71.3	71.0
1b Patient-years at risk (n)	0	46.7	43.0
1c Deaths (n) <sup>3</sup>	1	9.9	9.5
1d Expected deaths (n) <sup>3</sup>	0	10.5	9.5
1e Standardized Mortality Ratio <sup>4</sup>	.	0.95	1.00
Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
1f P-value <sup>6</sup>	.	n/a	n/a
1g Mortality Rate (per 100 patient-years) <sup>7</sup>	.	n/a	22.1
Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
<b>Standardized Hospitalization Ratio (SHR): Admissions</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>
1h Medicare patients (n)	1	77.1	66.8
1i Patient-years at risk (n)	0	50.4	43.1
1j Total admissions (n)	1	85.5	80.4
1k Expected total admissions (n)	0.1	97.6	81.2
1l Standardized Hospitalization Ratio (Admissions) <sup>4</sup>	.	0.88	1.00
Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
1m P-value <sup>6</sup>	.	n/a	n/a
1n Hospitalization Rate (per 100 patient-years) <sup>7</sup>	.	n/a	188.8
Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
<b>Standardized Readmission Ratio (SRR)</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>
1o Index discharges (n)	2	74.6	72.8
1p Total readmissions (n)	0	20.5	19.9
1q Expected total readmissions (n)	.	21.9	20.4
1r Standardized Readmission Ratio <sup>4</sup>	.	1.00	1.04
Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
1s P-value <sup>6</sup>	.	n/a	n/a
1t Readmission Rate (Percentage of hospital discharges) <sup>7</sup>	.	n/a	26.8%
Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a

(continued)

**TABLE 1: Mortality, Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients, Fistula Use, and Transplant Waitlist Summary for All Dialysis Patients<sup>1</sup> (continued)**

Measure Name		This Facility	Regional Averages <sup>2</sup> , per Year	
			State	U.S.
<b>Standardized Transfusion Ratio (STrR)</b>		<b>2018</b>	<b>2018</b>	<b>2018</b>
1u	Adult Medicare Patients (n)	0	65.1	57.0
1v	Patient-years at risk (n)	.	39.1	33.7
1w	Total transfusions (n)	.	6.3	7.0
1x	Expected total transfusions (n)	.	8.1	7.0
1y	Standardized Transfusion Ratio <sup>4</sup>	.	0.77	1.01
	Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
	Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
1z	P-value <sup>6</sup>	.	n/a	n/a
1aa	Transfusion Rate (per 100 patient-years) <sup>7</sup>	.	n/a	21.1
	Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
	Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
<b>Standardized Fistula Rate (SFR)</b>		<b>2018</b>	<b>2018</b>	<b>2018</b>
1ab	Eligible adult HD patients (n)	1	89.7	81.2
1ac	Patient-months at risk (n)	3	764.9	701.2
1ad	Total fistula-months (n)	1	537.4	444.6
1ae	P-value <sup>6</sup>	.	n/a	n/a
1af	Standardized Fistula Rate <sup>4</sup>	.	70.4%	63.1%
	Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
	Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
<b>Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)</b>		<b>2015-2017</b>	<b>2015-2017</b>	<b>2015-2017</b>
1ag	Eligible patients (n=number) <sup>3</sup>	0	12.0	10.9
1ah	Patient-years at risk (n)	.	10.8	9.7
1ai	Transplant waitlist events or receipt of a living-donor transplant (n) <sup>3</sup>	.	1.0	1.0
1aj	Expected number of transplant waitlist or living-donor transplant events (n) <sup>3</sup>	.	1.1	1.0
1ak	P-value <sup>6</sup>	.	n/a	n/a
1al	Standardized Waitlist Ratio <sup>4</sup>	.	0.84	1.00
	Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
	Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a
<b>Percentage of Prevalent Patients Waitlisted (PPPW)</b>		<b>2018</b>	<b>2018</b>	<b>2018</b>
1am	Eligible patients (n)	7	82.9	70.6
1an	Patient-months at risk (n)	11	692.5	593.5
1ao	Total waitlisted months (n)	2	107.0	113.9
1ap	P-value <sup>6</sup>	.	n/a	n/a
1aq	Percentage of prevalent patients waitlisted <sup>4</sup>	.	14.7%	18.7%
	Lower Confidence Limit <sup>5</sup> (2.5%)	.	n/a	n/a
	Upper Confidence Limit <sup>5</sup> (97.5%)	.	n/a	n/a

n/a = not applicable

[1] See *Guide, Section V*.

[2] Values are shown for the average facility, annualized.

[3] Sum of 4 years (SMR) or 3 years (SWR) used for calculations; should not be compared to regional averages.

[4] Calculated as a ratio of observed deaths (or admissions/readmissions/transfusions/transplants waitlisted) to expected deaths (or admissions/readmissions/transfusions/transplants waitlisted) (1c to 1d for deaths, 1j to 1k for admissions, 1p to 1q for readmissions, 1w to 1x for transfusions, 1ai to 1aj for waitlist), an adjusted rate of fistula use, or an adjusted percentage of patients waitlisted. Not shown if there are fewer than 3 expected deaths for SMR, fewer than 5 or 10 patient-years at risk for SHR or STrR, fewer than 11 index discharges for SRR, fewer than 11 eligible adult HD patients for SFR, fewer than 2 expected waitlisted events or fewer than 11 eligible patients for SWR, or fewer than 11 eligible patients for PPPW, respectively.

[5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR, STrR, SFR, SWR, and PPPW due to random variation.

[6] A p-value less than 0.05 indicates that the difference between the observed and expected deaths (or admissions/readmissions/transfusions/transplants waitlisted), the difference between the fistula rate for your facility and the overall national fistula rate, or the difference between the percentage of prevalent patients waitlisted for your facility and the overall national percentage (PPPW) is probably real and is not due to random chance alone. A p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

[7] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, readmission, and transfusion are 22.1, 188.8, 26.8, 21.1, respectively. Calculation of rates using values in report may not equal actual rates shown due to rounding of values.

**TABLE 2: Facility Bloodstream Infection Summary for Hemodialysis Patients based on National Healthcare Safety Network (NHSN) (January-December 2018)<sup>1</sup>**

This table displays bloodstream infection information for dialysis facilities as collected from the National Healthcare Safety Network. The measure is updated annually in October.

Measure Name		This Facility
<b>Standardized Infection Ratio (SIR)</b>		<b>2018</b>
2a	Eligible patient-months (n=number)	0
2b	Observed bloodstream infections (n)	n/a
2c	Predicted bloodstream infections (n)	n/a
2d	Standardized Infection Ratio <sup>2</sup>	n/a
	Lower Confidence Limit <sup>3</sup> (2.5%)	.
	Upper Confidence Limit <sup>3</sup> (97.5%)	.

n/a = not applicable.

[1] See *Guide, Section VI*.

[2] Calculated as a ratio of observed infections to expected infections (2b to 2c for infections); not shown if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.

[3] The confidence interval range represents uncertainty in the value of the SIR due to random variation.

**TABLE 3: Facility Hemoglobin for Medicare Dialysis Patients based on Medicare Dialysis Claims (January - December 2018)<sup>1</sup>**

Anemia management is reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly values are provided in order to allow for you to evaluate facility time trends and will not appear on DFC. This measure is based on all Medicare dialysis claims reported under the CCN(s) included in this report and are updated on DFC quarterly in January, April, July, and October.

Measure Name	Q1	Q2	This Facility		Q4	Q1-Q4	Regional Averages <sup>2</sup>	
	Jan'18--Mar'18	Apr'18--Jun'18	Q3	Jul'18--Sep'18	Oct'18--Dec'18	Jan'18--Dec'18	State	U.S.
<b>Hemoglobin<sup>3</sup></b>								
3a Eligible patients (n=number)	0	0	0		1	0	45.2	37.8
3b Hemoglobin < 10g/dL (% of 3a)	.	.	.		100	.	13.8	18.5
3c Hemoglobin > 12g/dL (% of 3a)	.	.	.		0.0	.	0.2	0.2

[1] See *Guide, Section VII*.

[2] Values are shown for the average facility. Measure values will be missing if there are no eligible patients/patient-months.

[3] Among patients with at least 1 eligible claim/quarter and 4 eligible claims/year: eligible claims include ESA-treated dialysis patients with ESRD for 90+ days at this facility.



**TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (January - December 2018)<sup>1</sup>**

Hypercalcemia, serum phosphorus concentrations, Kt/V, long term catheter, and nPCR are reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly measures are provided in order to allow you to evaluate facility time trends and will not appear on DFC. These measures are based on CROWNWeb data and are updated on DFC quarterly in January, April, July, and October.

Measure Name	This Facility					Regional Averages <sup>2</sup>	
	Q1 Jan'18--Mar'18	Q2 Apr'18--Jun'18	Q3 Jul'18--Sep'18	Q4 Oct'18--Dec'18	Q1-Q4 Jan'18--Dec'18	State Jan'18--Dec'18	U.S. Jan'18--Dec'18
<b>Hypercalcemia</b>							
4a Eligible adult patients (n=number)	0	0	1	0	1	96.0	83.9
4b Eligible adult patient-months (n) <sup>3</sup>	0	0	2	0	2	830.2	736.0
4c Average uncorrected serum or plasma calcium >10.2 mg/dL <sup>8</sup>	.	.	0.0	.	0.0	1.4	2.0
<b>Serum Phosphorus Concentrations</b>							
4d Eligible adult patients (n)	0	0	1	1	2	100.8	88.3
4e Eligible adult patient-months (n) <sup>3</sup>	0	0	2	3	5	864.4	757.2
4f Serum phosphorus categories (% , sums to 100%)							
<3.5 mg/dL	.	.	0.0	0.0	0.0	6.9	8.5
3.5-4.5 mg/dL	.	.	100	66.7	80.0	22.2	25.0
4.6-5.5 mg/dL	.	.	0.0	33.3	20.0	29.1	30.9
5.6-7.0 mg/dL	.	.	0.0	0.0	0.0	24.3	21.9
>7.0 mg/dL	.	.	0.0	0.0	0.0	17.5	13.7
<b>Kt/V<sup>4</sup></b>							
4g Eligible adult hemodialysis (HD) patients (n) <sup>5</sup>	0	0	0	0	0	80.5	73.9
4h Eligible adult HD patient-months (n) <sup>3,5</sup>	.	.	.	.	.	685.2	640.2
4i Eligible patient-months with Kt/V missing or out of range (n)	.	.	.	.	.	6.8	9.6
4j Adult HD: Kt/V >=1.2 (% of 4h)	.	.	.	.	.	97.0	96.5
4k Eligible adult peritoneal dialysis (PD) patients (n)	0	0	1	0	1	18.1	21.2
4l Eligible adult PD patient-months (n) <sup>3</sup>	.	.	2	.	2	135.8	167.9
4m Eligible patient-months with Kt/V missing or out of range (n)	.	.	0	.	0	3.1	6.5
4n Adult PD: Kt/V >=1.7 (% of 4l) <sup>6</sup>	.	.	100	.	100	92.1	91.4
4o Eligible HD pediatric patients (n) <sup>5</sup>	0	0	0	0	0	n/a	n/a
4p Eligible HD pediatric patient-months (n) <sup>3,5</sup>	.	.	.	.	.	n/a	n/a
4q Eligible patient-months with Kt/V missing or out of range (n)	.	.	.	.	.	n/a	n/a
4r Pediatric HD: Kt/V >=1.2 (% of 4p)	.	.	.	.	.	.	.
4s Eligible PD pediatric patients (n)	0	0	0	0	0	n/a	n/a
4t Eligible PD pediatric patient-months (n) <sup>3</sup>	.	.	.	.	.	n/a	n/a
4u Eligible patient-months with Kt/V missing or out of range (n)	.	.	.	.	.	n/a	n/a
4v Pediatric PD: Kt/V >=1.8 (% of 4t) <sup>7</sup>	.	.	.	.	.	.	.

(continued)

**TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (January - December 2018)<sup>1</sup> (continued)**

Measure Name	This Facility					Regional Averages <sup>2</sup>	
	Q1 Jan'18--Mar'18	Q2 Apr'18--Jun'18	Q3 Jul'18--Sep'18	Q4 Oct'18--Dec'18	Q1-Q4 Jan'18--Dec'18	State Jan'18--Dec'18	U.S. Jan'18--Dec'18
<b>Long Term Catheter Rate</b>							
4w Eligible adult HD Patients (n)	0	0	0	1	1	89.7	81.2
4x Patient-months at risk (n) <sup>3</sup>	.	.	.	3	3	764.9	701.2
4y Long-Term Catheter Rate <sup>8</sup>	.	.	.	0.0	0.0	11.9	12.8
<b>nPCR</b>							
4z Eligible pediatric in-center HD patients	0	0	0	0	0	n/a	n/a
4aa Eligible pediatric in-center HD patient-months <sup>3</sup>	.	.	.	.	.	n/a	n/a
4ab Percentage of pediatric in-center hemodialysis patient-months with documented monthly nPCR measurements	.	.	.	.	.	.	.

[1] See *Guide, Section VIII*.

[2] Counts are shown for the average facility. Counts will be missing if there are no eligible patients/patient-months.

[3] Patients may be counted up to 12 times per year.

[4] Missing or out of range Kt/V values are supplemented with Medicare dialysis claims.

[5] HD Kt/V summaries are restricted to patients who dialyze thrice weekly.

[6] Adult PD Adequacy uses the most recent value over a 4-month look-back period.

[7] Pediatric PD Adequacy uses the most recent value over a 6-month look-back period.

[8] Missing values are included in the numerator.

**TABLE 5: Patient Experience of Care based on ICH CAHPS (April 20, 2018 – July 13, 2018 and October 19, 2018 – January 11, 2019)<sup>1</sup>**

ICH CAHPS survey results are reported for three composite measures and three global items. Linearized score and star rating for each composite measure and an overall star rating have been added. The data include the two most recent semi-annual surveys. State and National averages are included to allow for comparisons. These measures are updated semi-annually in April and October.

Measure Name	This Facility	Regional Statistics <sup>2</sup>	
		State	U.S.
ICH CAHPS <sup>3</sup>	Spring-Fall 2018	Spring-Fall 2018	Spring-Fall 2018
5a Number of Completed Surveys	.	3,030	201,368
5b Response Rate (%)	.	34	32
<b>Composite Measures<sup>3</sup></b>			
5c Percent of Patients reporting- Kidney doctors' communication and caring			
Always	.	75	68
Sometimes	.	13	14
Never	.	12	18
Linearized Score	.	87	81
Star Rating	Not Available	n/a	n/a
5d Percent of Patients reporting- Dialysis center staff care and operations			
Always	.	67	63
Sometimes	.	19	19
Never	.	14	18
Linearized Score	.	83	80
Star Rating	Not Available	n/a	n/a
5e Percent of Patients reporting- Providing information to patients			
Yes	.	84	80
No	.	16	20
Linearized Score	.	84	80
Star Rating	Not Available	n/a	n/a
<b>Global Items<sup>3</sup></b>			
5f Percent of Patients- Rating of kidney doctors			
Most favorable	.	70	60
Middle favorable	.	22	27
Least favorable	.	8	13
Linearized Score	.	89	85
Star Rating	Not Available	n/a	n/a
5g Percent of Patients- Rating of dialysis center staff			
Most favorable	.	70	63
Middle favorable	.	22	26
Least favorable	.	8	11
Linearized Score	.	89	86
Star Rating	Not Available	n/a	n/a

(continued)

**TABLE 5: Patient Experience of Care based on ICH CAHPS (April 20, 2018 – July 13, 2018 and October 19, 2018 – January 11, 2019)<sup>1</sup> (continued)**

Measure Name	This Facility	Regional Statistics <sup>2</sup>	
		State	U.S.
Global Items <sup>3</sup>	Spring-Fall 2018	Spring-Fall 2018	Spring-Fall 2018
5h Percent of Patients- Rating of dialysis facility			
Most favorable	.	75	68
Middle favorable	.	17	21
Least favorable	.	8	11
Linearized Score	.	90	87
Star Rating	Not Available	n/a	n/a
5i Overall Star Rating	Not Available	n/a	n/a

n/a = not applicable

[1] See *Guide, Section IX*.

[2] Values are shown for the average facility except for Number of Completed Surveys which is a total value.

[3] Not shown if there are 29 or fewer completed surveys over the two survey periods.

**TABLE 6: Quality of Patient Care Star Rating Calculation<sup>1</sup>**

This star rating is based on the measures reported in the QDFC-Preview Report for the October 2019 Release and is updated annually each October on DFC. The time period for SMR in this table is January 2015-December 2018; all other measures are January-December 2018. Further description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Compare Report*.

Calculation Definition	This Facility
<b>6a Standardized Outcomes Domain Score</b> (average of 6c, 6e, 6g, and 6i) <sup>2</sup>	Not Available
6b Standardized Mortality Ratio (SMR) <sup>3</sup>	Not Available
6c Measure Score: SMR <sup>4</sup>	.
6d Standardized Hospitalization Ratio (Admissions) (SHR) <sup>3</sup>	Not Available
6e Measure Score: SHR <sup>4</sup>	.
6f Standardized Readmission Ratio (SRR) <sup>3</sup>	Not Available
6g Measure Score: SRR <sup>4</sup>	.
6h Standardized Transfusion Ratio (STrR) <sup>3</sup>	Not Available
6i Measure Score: STrR <sup>4</sup>	.
<b>6j Other Outcomes 1 Domain Score</b> <sup>5</sup> (average of 6l and 6n) <sup>2</sup>	Not Available
6k Standardized Fistula Rate (SFR) <sup>6</sup>	Not Available
6l Measure Score: SFR <sup>4</sup>	.
6m Long Term Catheter Rate <sup>6</sup>	Not Available
6n Measure Score: Catheter <sup>4</sup>	.
<b>6o Other Outcomes 2 Domain Score</b> (average of 6u and 6w) <sup>2</sup>	Not Available
6p Adult HD: Percentage of patients with Kt/V $\geq$ 1.2 <sup>6</sup>	Not Available
6q Adult PD: Percentage of patients with Kt/V $\geq$ 1.7 <sup>6</sup>	Not Available
6r Pediatric HD: Percentage of patients with Kt/V $\geq$ 1.2 <sup>6</sup>	Not Available
6s Pediatric PD: Percentage of patients with Kt/V $\geq$ 1.8 <sup>6</sup>	Not Available
6t Overall: Percentage of patients with Kt/V $\geq$ specified threshold <sup>7</sup>	Not Available
6u Measure Score: Kt/V <sup>4</sup>	.
6v Percentage of patients with uncorrected serum or plasma calcium $>$ 10.2 mg/dL <sup>6</sup>	Not Available
6w Measure Score: Hypercalcemia <sup>4</sup>	.
<b>6x Final score (average of 6a, 6j, 6o)</b> <sup>8,9</sup>	Not Available
<b>6y Quality of Patient Care Star Rating</b>	<b>Not Available</b>

[1] See *Guide, Section X*.

[2] The Domain Score is the average of the measure scores within that domain. If there is at least one measure in the domain, the missing measures in that domain are imputed with the average of the measure score to limit the non-missing measures from being too influential. If all measures in a domain are missing, then the domain score is not calculated.

[3] Calculated as a ratio of observed deaths (or admissions/readmissions/transfusions) to expected deaths (or admissions/readmissions/transfusions); not included in star rating calculation if there are fewer than 3 expected deaths for mortality, fewer than 5 or 10 patient-years at risk for admissions or transfusions, or fewer than 11 index discharges for readmissions, respectively.

[4] If a measure is Not Available, its measure score will be imputed with the average of the measure score to limit the non-missing measures from being too influential in calculation of the domain score.

[5] Facilities that serve only PD patients will not have any measures in this domain since their patients do not have fistulas or catheters. For these facilities, this domain was not included in the star rating calculation.

[6] Percentages based on 10 or fewer patients are shown in this table but will be reported as 'Not Available' on DFC.

[7] For improved ability to compare Kt/V in facilities with different types of patients in terms of modality or pediatric status, the adult and pediatric HD and PD Kt/V measurements were pooled into one measure. The percentage of patients that achieve Kt/V greater than the specified thresholds for each of the four respective patient types (adult PD patients, adult HD patients, pediatric HD patients, and pediatric PD patients) was weighted based on the number of patient-months of data available. If the overall Kt/V percentage is based on 10 or fewer patients, then it is reported as 'Not Available' in this table.

[8] Final score is the average of the 3 domain scores. If all measures in a given domain are missing, then there is no final score and no star rating computed with the exception of PD only facilities. PD only facilities are not eligible for Other Outcomes Domain 1 (SFR and catheter), therefore, they are only scored on the Standardized Outcomes Domain and Other Outcomes 2 Domain if they have at least one measure value in each of these two domains.

[9] The final score value has been truncated for display purposes.