

# Dialysis Facility Report for Fiscal Year 2024

## Purpose of the Report

The *Dialysis Facility Report (DFR) for Fiscal Year (FY) 2024* is provided as a resource for characterizing selected aspects of clinical experience at this facility relative to other caregivers in this state, ESRD Network, and across the United States. Since these data could be useful in quality improvement and assurance activities, each state's surveying agency may utilize this report as a resource during the FY 2024 survey and certification process.

This report has been prepared for this facility by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) with funding from the Centers for Medicare & Medicaid Services (CMS) and is based primarily on data reported in End Stage Renal Dialysis Quality Reporting System (EQRS), Medicare claims and data collected for CMS. It is the twenty-eighth in a series of annual reports. This is one of 1 reports that have been distributed to ESRD providers in the U.S.

**This DFR includes data specific to CCN(s): 999999**

## Overview

This report includes summaries of patient characteristics, treatment patterns, and patient outcomes for chronic dialysis patients who were treated in this facility between January 2019 and December 2022. Mortality, hospitalization, transplantation, and waitlist statistics are reported for a three- or four-year period. Regional and national averages are included to allow for comparisons. Some of the summaries of patient mortality, hospitalization, transplantation, waitlist, vascular access, and anemia management are adjusted to account for the characteristics of the patient mix at this facility, such as age, sex and diabetes as a cause of ESRD. Unless otherwise specified, data refer to hemodialysis (HD) and peritoneal dialysis (PD) patients combined.

Selected facility highlights from this report are provided on pages 2 through 5 and key data elements that are updated quarterly appear in bold font. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the Dialysis Facility Reports for FY 2024* available for download from the methodology section of the Dialysis Data website at [www.DialysisData.org](http://www.DialysisData.org).

## What's New This Year

The following changes have been incorporated into the DFR for FY 2024: (1) The Standardized Transfusion Ratio (STrR) reported in Table 7 now includes an adjustment for COVID-19; and (2) the emergency department (ED) measure formally reported in Table 4 was replaced with the following two NQF endorsed measures that focus on ED encounters that do not result in hospitalization: Standardized Emergency Department Encounter Ratio (SEDR) and Standardized Ratio of Emergency Department Encounters Occurring within 30 Days of Hospital Discharge (ED30). These measures adjust for prevalent comorbidities and exclude patients with Medicare Advantage and hospice patients.

**Data Limitations:** The CMS COVID Extraordinary Circumstances Exception (ECE) data policy restricts the use of claims data from March-June 2020 and EQRS clinical data from January-June 2020. Table footnotes provide additional details of data availability for each measure in 2020.

## How to Submit Comments

**Between July 15, 2023 and August 15, 2023**, facilities may submit comments to their state surveyor or UM-KECC by visiting [www.DialysisData.org](http://www.DialysisData.org), logging on to view their report, and clicking on the **Comments & Inquiries** tab. Questions or comments after the comment period is over may be submitted to us directly at [DialysisData@umich.edu](mailto:DialysisData@umich.edu).

- (1) **State Surveyor:** Select “**DFR: Comments on DFR for State Surveyor**” from the drop down list to submit comments regarding this report for the state's surveyor(s). Any comments submitted will be appended and sent to the state's surveyor(s) in September 2023. Please do not include questions for UM-KECC using this option.
- (2) **UM-KECC:** Select “**DFR: Comments on DFR for UM-KECC**” to submit questions or suggestions to improve the DFR to UM-KECC. These comments will not be shared with CMS or your state surveyor.

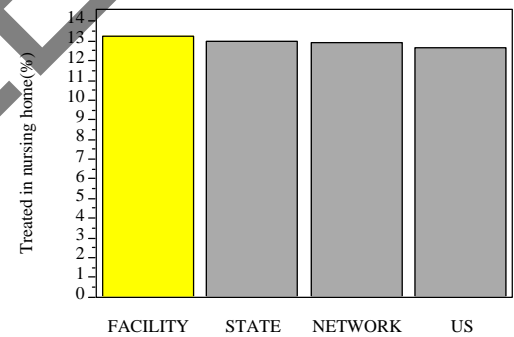
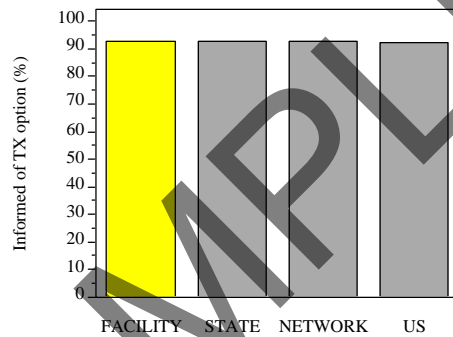
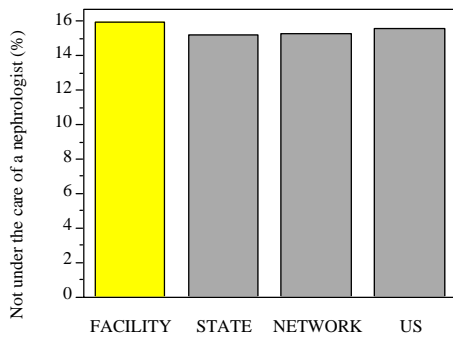
### Facility Highlights

Bar charts in this section are displayed as a percentage for all measures reported and highlight the facility's value compared to the state, network, and US.

The line charts in this section are displayed for all standardized measures. The markers show the values of the corresponding standardized measure for this facility, state, network, and US. The bolded horizontal line shows the range of uncertainty due to random variation (95% confidence interval; significant if it does not cross the 1.0 reference line). Regional and national values are plotted above the dotted line to allow for comparisons to facility values.

#### Patient Characteristics (Tables 1 and 2):

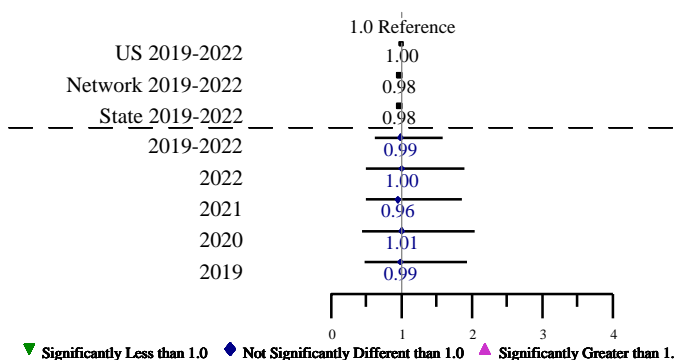
- Among the 14 incident patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2022:
  - 16% of these patients were not under the care of a nephrologist before starting dialysis, compared to 15% in your State, 15% in your Network, and 16% nationally.
  - 93% of these patients were informed of their transplant options, compared to 93% in your State, 93% in your Network, and 93% nationally.
- Among the patients treated at this facility on December 31, 2022, 13% were treated in a nursing home during the year, compared to 13% in your State, 13% in your Network, and 13% nationally.



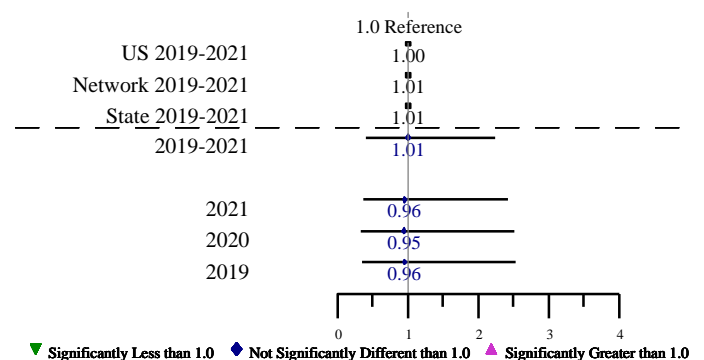
#### Standardized Mortality Ratio (SMR) (Table 3):

- At this facility, the 2019-2022 SMR is 0.99, which is 1% fewer deaths than expected at this facility. Among all U.S. facilities, 50% of facilities had a four-year SMR lower than 0.99. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The 2019-2022 SMR of observed to expected deaths is 0.98 and 0.98 for your State and Network, respectively.
- At this facility, the 2019-2021 first-year SMR of observed to expected deaths is 1.01, which is 51% more deaths than expected at this facility. Among all U.S. facilities, 51% of facilities had a first-year SMR lower than 1.01. This difference is not statistically significant ( $p \geq 0.05$ ), so this higher mortality could plausibly be just a chance occurrence. The first-year SMR (2019-2021) of observed to expected deaths is 1.01 and 1.01 for your State and Network, respectively.

2019-2022 SMR



2019-2021 First-Year SMR



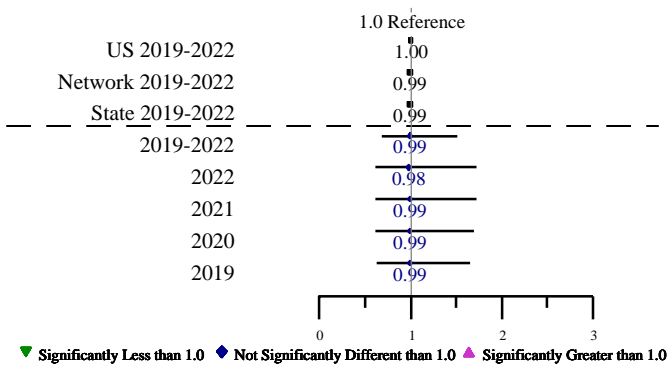
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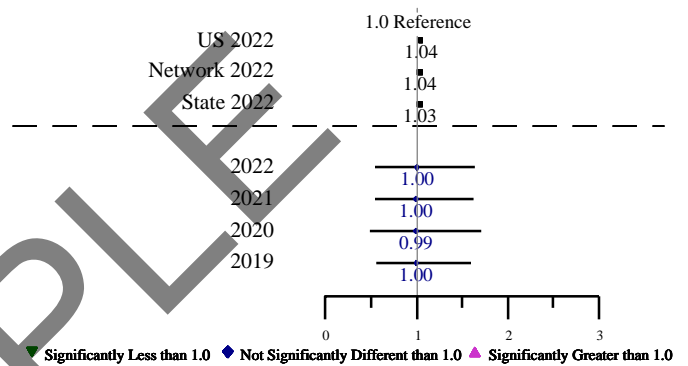
## Hospitalizations and Readmissions (Table 4):

- The 2019-2022 Standardized Hospitalization Ratio (SHR-Admissions) at this facility is 0.99, which is 1% fewer admissions hospitalized than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower hospitalization could plausibly be just a chance occurrence. The 2019-2022 SHR (Admissions) for your State and Network is 0.99 and 0.99, respectively.
- The 2022 Standardized Readmission Ratio (SRR) at this facility is 1.00, which is equivalent to the national reference value. The 2022 SRR for your State and Network is 1.03 and 1.04, respectively.

2019-2022 SHR-Admissions

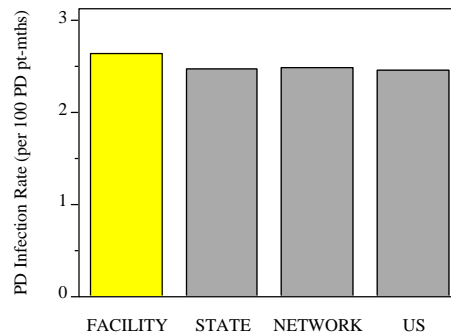
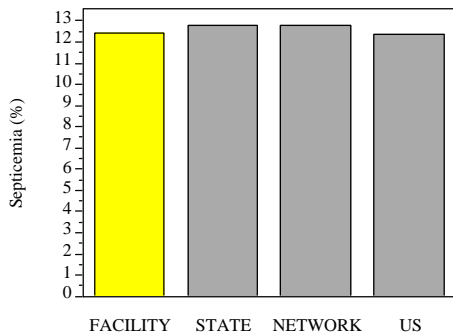


2019-2022 SRR



## Infection (Tables 4 and 11):

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2019-2022 is 12%, compared to 13% in your State, 13% in your Network, and 12% nationally.
- The 2022 rate of PD catheter-related infection was 2.7 per 100 PD patient-months, compared to 2.5 in your State, 2.5 in your Network, and 2.5 nationally.



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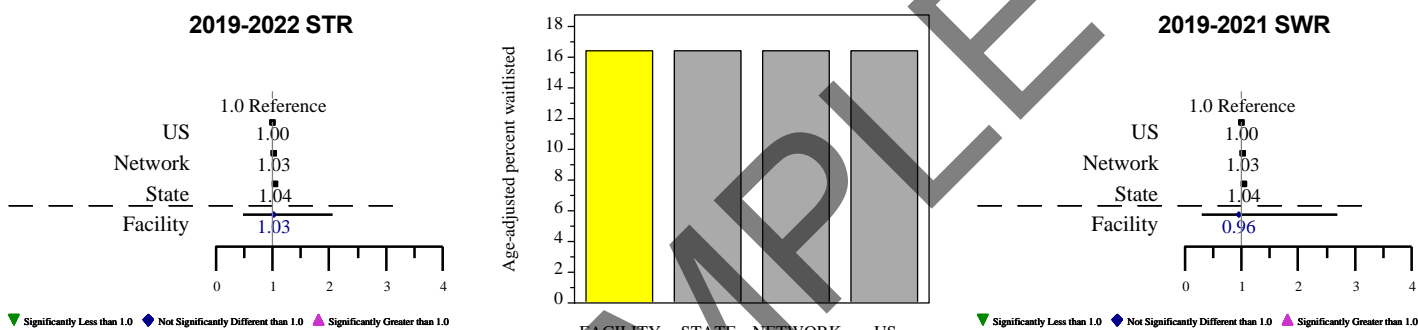
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## Transplantation (Table 5):

- The 2019-2022 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.03, which is 3% higher than expected for this facility. This difference is not statistically significant ( $p \geq 0.05$ ) and is plausibly due to random chance. The 2019-2022 STR for your State and Network is 1.04 and 1.03, respectively.

## Transplant Waitlist (Table 6):

- The 2022 age-adjusted percent waitlisted at this facility is 16.4%, which equal to the national adjusted percentage. The age-adjusted percent waitlisted in your State and Network is 16.4% and 16.4%, respectively.
- At this facility, the 2019-2021 Standardized Waitlist Ratio (SWR) is 0.96, which is 4% fewer patients on the waitlist and living donor transplants than expected at this facility. This difference is not statistically significant ( $p \geq 0.05$ ) and could plausibly be due to a chance occurrence. The 2019-2021 SWR for your State and Network is 1.04 and 1.03, respectively.

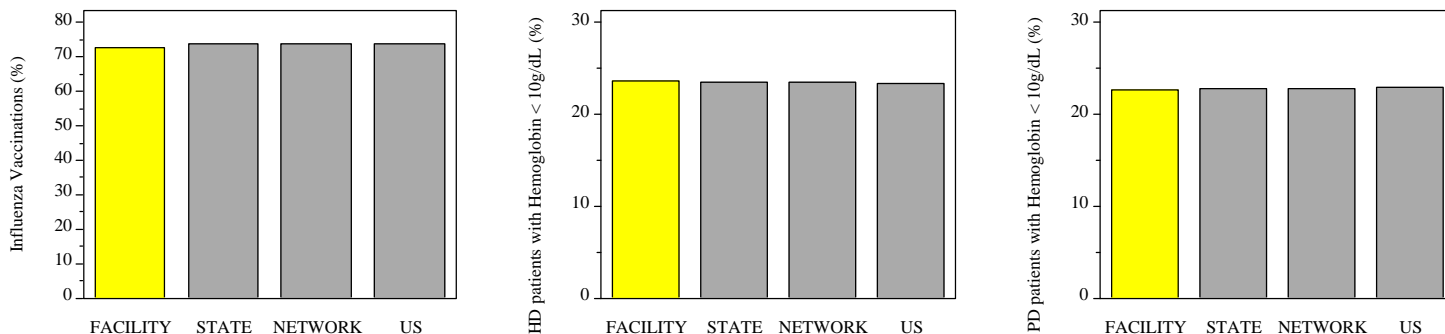


## Influenza Vaccination (Table 7):

- Among the 59 dialysis patients treated at this facility on December 31, 2022, 72% were vaccinated between August 1 and December 31, 2022 compared to 74% nationally. This difference is not statistically significant ( $p \geq 0.05$ ) and is plausibly due to random chance. The percentage of patients vaccinated in your State and Network is 74% and 74%, respectively.

## Anemia Management (Table 8):

- In 2022, 24% of eligible hemodialysis patient-months had a hemoglobin value below 10 g/dL, compared to 24% in your State, 24% in your Network, and 23% nationally.
- In 2022, 23% of eligible peritoneal dialysis patient-months had a hemoglobin value below 10 g/dL, compared to 23% in your State, 23% in your Network, and 23% nationally.



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## Dialysis Adequacy (Table 9):

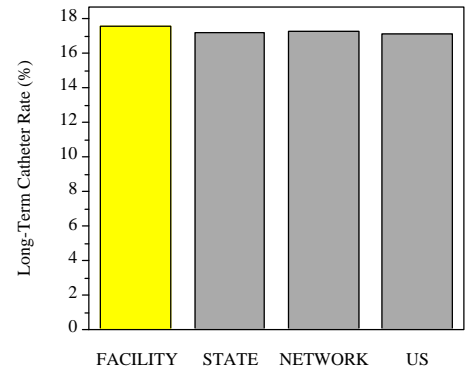
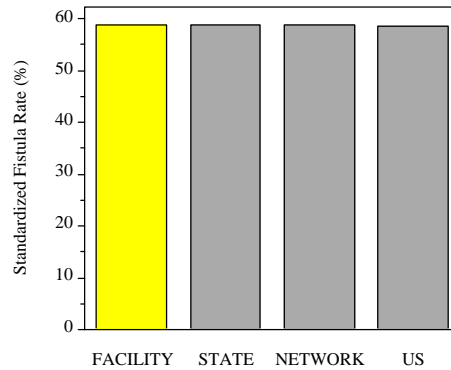
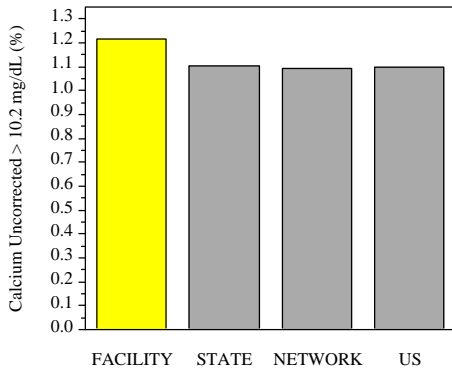
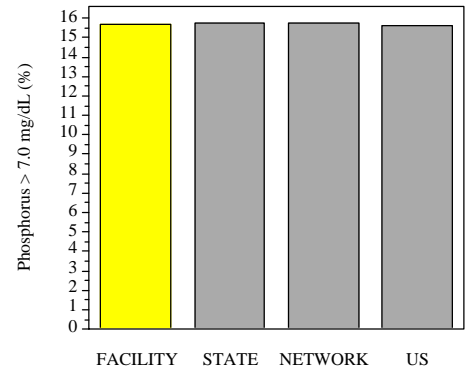
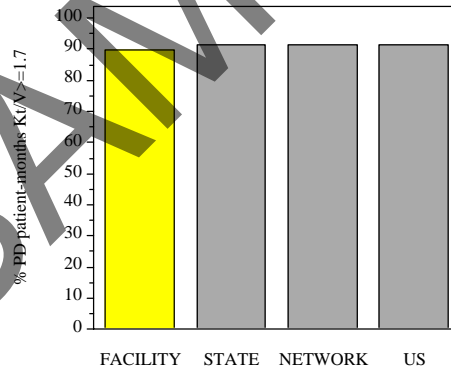
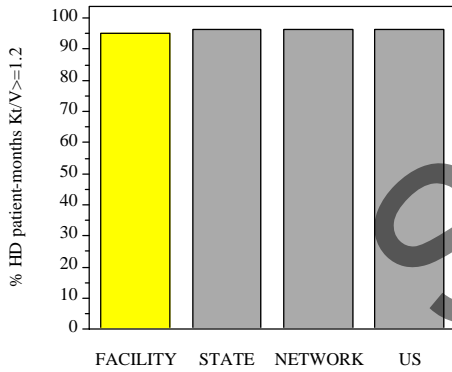
- In 2022, 95% of eligible hemodialysis patient-months had a Kt/V  $\geq 1.2$  reported, compared to 96% in your State, 96% in your Network, and 96% nationally.
- In 2022, 89% of eligible peritoneal dialysis patient-months had a Kt/V  $\geq 1.7$  reported, compared to 92% in your State, 92% in your Network, and 91% nationally.

## Mineral Metabolism (Table 10):

- In 2022, 16% of eligible patient-months had a serum phosphorus value  $>7.0$  mg/dL, compared to 16% in your State, 16% in your Network, and 16% nationally.
- In 2022, 1.2% of eligible patient-months had calcium uncorrected value  $>10.2$  mg/dL, compared to 1.1% in your State, 1.1% in your Network, and 1.1% nationally.

## Vascular Access (Table 11):

- This facility's 2022 Standardized Fistula Rate (SFR) for prevalent patients is 59%, which is 0% higher than the national SFR. This difference is not statistically significant ( $p \geq 0.05$ ) and could plausibly be due to a chance occurrence. The SFR in your State and Network is 59% and 59%, respectively.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2022, the long-term catheter rate was 18%, compared to 17% in your State, 17% in your Network, and 17% nationally.



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The tables below provide updates of COVID-19 patient counts, deaths, and hospitalizations among Medicare dialysis patients (Table C1) and Medicare nursing home (NH) dialysis patients (Table C2) in 2021 and 2022 Q1-Q4. State, Network, and National averages for 2022 Q4 are reported for comparison.

**TABLE C1. COVID among Medicare Dialysis Patients, 2021-2022**<sup>\*1</sup>

Item	Outcome Description	2021	This Facility, Jan-Dec, 2022				Regional Averages, Q4: Oct-Dec, 2022		
			Q1: Jan-Mar	Q2: Apr-Jun	Q3: Jul-Sep	Q4: Oct-Dec	State	Network	U.S.
1	Medicare dialysis patients (n)	73	55	58	65	66	n/a	n/a	n/a
2	Patients ever infected with COVID (n)	16	21	22	24	28	n/a	n/a	n/a
	Patients ever infected with COVID (% of 1)	21.9	38.2	37.9	36.9	42.4	31.0	29.3	27.4
3	Patients initially infected with COVID (n)	10	11	3	0	5	n/a	n/a	n/a
	Patients initially infected with COVID (% of 1)	13.7	20.0	5.2	0.0	7.6	5.7	5.1	3.3
<b>Deaths among Medicare patients</b>									
4	Deaths (n)	13	5	0	2	3	n/a	n/a	n/a
5	Deaths among patients ever infected with COVID (n)	4	2	0	1	1	n/a	n/a	n/a
	Deaths among patients ever infected with COVID (% of 4)	30.8	40.0	.	50.0	33.3	47.5	43.8	36.0
<b>Hospitalizations<sup>*2</sup> among Medicare patients</b>									
6	Hospitalizations (n)	54	20	16	21	26	n/a	n/a	n/a
7	Hospitalizations among patients ever infected with COVID (n)	15	12	8	7	14	n/a	n/a	n/a
	Hospitalizations among patients ever infected with COVID (% of 6)	27.8	60.0	50.0	33.3	53.8	41.5	38.2	35.8

**TABLE C2. COVID among Medicare Dialysis Patients Treated in Nursing Home (NH) Facilities, 2021-2022**<sup>\*1</sup>

Item	Outcome Description	2021	This Facility, Jan-Dec, 2022				Regional Averages, Q4: Oct-Dec, 2022		
			Q1: Jan-Mar	Q2: Apr-Jun	Q3: Jul-Sep	Q4: Oct-Dec	State	Network	U.S.
1	Medicare NH dialysis patients treated (n)	25	9	12	16	14	n/a	n/a	n/a
2	Patients ever infected with COVID (n)	7	7	6	9	7	n/a	n/a	n/a
	Patients ever infected with COVID (% of 1)	28.0	77.8	50.0	56.3	50.0	48.0	49.2	45.1
3	Patients initially infected with COVID (n)	3	5	1	0	1	n/a	n/a	n/a
	Patients initially infected with COVID (% of 1)	12.0	55.6	8.3	0.0	7.1	11.8	10.7	7.8
<b>Deaths among Medicare NH patients</b>									
4	Deaths (n)	6	1	0	2	2	n/a	n/a	n/a
5	Deaths among patients ever infected with COVID (n)	2	1	0	1	1	n/a	n/a	n/a
	Deaths among patients ever infected with COVID (% of 4)	33.3	100.0	.	50.0	50.0	55.1	52.6	45.4
<b>Hospitalizations<sup>*2</sup> among Medicare NH patients</b>									
6	Hospitalizations (n)	24	7	8	10	8	n/a	n/a	n/a
7	Hospitalizations among patients ever infected with COVID (n)	7	5	3	5	4	n/a	n/a	n/a
	Hospitalizations among patients ever infected with COVID (% of 6)	29.2	71.4	37.5	50.0	50.0	44.8	48.2	44.4

[\*1] Includes patients with Medicare as primary insurer or with a Medicare Advantage plan. Table C2 includes patients who were treated in a nursing home at least one day during the quarter. See *Guide*, Section XIX.

[\*2] Hospitalization is defined as having at least one day in a hospital from Medicare inpatient claims during the reporting period.

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**TABLE 1: Summaries for All Dialysis Patients Treated as of December 31<sup>st</sup> of Each Year<sup>\*1</sup>, 2019-2022**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022		
	2019	2020	2021	2022	State	Network	U.S.
1a Patients treated on 12/31 (n)	59	58	56	55	56.7	56.8	56.8
1b Average age (years)	62.4	62.5	62.7	62.8	63.0	63.0	63.0
1c Age (% of 1a; sums to 100%)							
< 18	0.8	0.8	0.8	0.8	0.2	0.2	0.2
18-64	50.6	50.3	49.6	49.0	49.8	49.8	49.8
65+	48.6	48.9	49.6	50.2	50.0	50.0	50.0
1d Female (% of 1a)	42.6	42.3	42.2	42.0	42.2	42.2	42.1
1e Race (% of 1a; sums to 100%) <sup>*3</sup>							
African American	33.1	33.7	33.9	34.0	36.2	36.3	34.8
Asian/Pacific Islander	5.0	5.1	5.4	5.6	5.7	5.8	6.9
Native American	1.3	1.3	1.4	1.6	1.5	1.4	1.4
White	60.4	59.7	59.1	58.5	56.4	56.1	56.6
Other/Unknown/Missing	0.2	0.2	0.2	0.3	0.3	0.3	0.3
1f Ethnicity (% of 1a; sums to 100%)							
Hispanic	16.4	16.9	17.2	17.6	17.8	18.0	20.3
Non-Hispanic	83.5	83.0	82.7	82.3	82.1	81.9	79.6
Unknown	0.1	0.1	0.1	0.1	0.1	0.1	0.1
1g Primary Cause of ESRD (% of 1a; sums to 100%)							
Diabetes	45.6	45.1	44.3	43.7	44.3	44.4	45.0
Hypertension	30.8	31.0	31.0	31.0	31.5	31.5	31.1
Glomerulonephritis	10.0	9.8	9.5	9.2	9.2	9.2	9.1
Other/Unknown	13.2	13.8	14.7	15.4	14.5	14.3	14.2
Missing	0.3	0.4	0.4	0.6	0.5	0.5	0.5
1h Average duration of ESRD (years)	4.8	4.9	4.8	4.8	5.0	5.0	5.0
1i Years since start of ESRD (% of 1a; sums to 100%)							
< 1	17.7	16.8	18.0	17.5	16.9	16.9	16.7
1-2	17.6	18.0	17.3	18.6	18.3	18.3	18.2
2-3	13.7	13.7	13.9	13.5	13.4	13.4	13.4
3-6	25.6	25.6	25.1	25.0	25.1	25.2	25.3
6+	25.5	25.9	25.7	25.4	26.3	26.3	26.4
1j Nursing home patients (% of 1a) <sup>*4</sup>	15.7	12.8	13.2	13.2	13.0	12.9	12.7
1k Modality (% of 1a; sums to 100%) <sup>*5</sup>							
In-center hemodialysis	85.4	84.6	83.9	83.5	83.5	83.5	83.7
Home hemodialysis	2.3	2.7	2.9	3.2	3.4	3.4	3.3
Continuous ambulatory peritoneal dialysis	1.5	1.6	1.5	1.4	1.3	1.3	1.3
Continuous cycling peritoneal dialysis	10.4	10.8	11.3	11.7	11.6	11.6	11.5
Other modality	0.3	0.4	0.4	0.2	0.2	0.2	0.2

n/a = not applicable

[\*1] See *Guide, Section IV*.

[\*2] Values are shown for the average facility.

[\*3] Asian includes Indian sub-continent. Native American includes Alaskan Native. White includes Middle Eastern and Arab.

[\*4] Includes patients who were also treated by a nursing facility at any time during the year. The source of nursing facility history of patients is the Nursing Home Minimum Dataset.

[\*5] Other modality includes other dialysis, uncertain modality, and patients not on dialysis but still temporarily assigned to the facility (discontinued dialysis, recovered renal function, and lost to follow up).

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**TABLE 2: Characteristics of New Dialysis Patients <sup>\*1</sup>, 2019-2022 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020	2021	2022	State	Network	U.S.	
<b>Patient Characteristics</b>								
2a	Total number of patients with forms (n)	15	15	15	14	15.0	15.0	15.0
2b	Average age (years [0-95]) <sup>*3</sup>	63.4	63.3	63.6	63.6	63.8	63.8	63.9
2c	Female (% of 2a)	41.7	41.6	42.1	41.4	41.7	41.7	41.6
2d	Race (% of 2a; sums to 100%) <sup>*4</sup>							
	African-American	27.6	29.4	29.2	29.8	29.8	29.7	28.9
	Asian/Pacific Islander	5.0	5.2	5.4	5.5	5.5	5.6	6.2
	Native American	1.3	1.3	1.6	2.4	2.0	2.0	2.0
	White	65.9	63.9	63.5	61.9	62.2	62.2	62.4
	Other/Unknown	0.2	0.2	0.3	0.5	0.4	0.4	0.5
2e	Hispanic (% of 2a)	14.9	15.5	16.0	16.0	16.1	16.2	17.8
2f	Primary cause of ESRD (% of 2a; sums to 100%)							
	Diabetes	47.3	45.9	44.6	43.5	44.5	44.7	45.0
	Hypertension	29.3	30.0	30.4	31.3	31.5	31.5	31.2
	Primary glomerulonephritis	6.7	6.4	5.9	6.0	5.9	5.9	5.9
	Other/Unknown	16.7	17.7	19.1	19.3	18.1	18.0	17.9
2g	Medical coverage (% of 2a; sums to 100%)							
	Employer group only	12.4	12.1	11.4	11.3	11.6	11.5	11.4
	Medicare only	35.1	38.0	46.7	47.7	47.2	47.2	46.9
	Medicaid only	13.4	13.8	13.7	13.7	13.2	13.3	13.5
	Medicare and Medicaid only	11.6	10.5	6.8	7.0	7.4	7.4	7.5
	Medicare and other	15.6	13.0	8.1	8.5	8.8	8.8	8.7
	Other/Unknown	7.3	8.0	9.0	8.5	8.5	8.5	8.6
	None	4.6	4.6	4.2	3.4	3.4	3.4	3.4
2h	Median body mass index <sup>*5</sup> (Median; Weight/Height <sup>2</sup> )							
	Male	28.5	28.5	28.5	28.4	28.0	27.9	27.8
	Female	29.7	29.8	29.8	29.4	28.9	28.9	28.7
2i	Employment <sup>*6</sup> (% of 2a)							
	Six months prior to ESRD treatment	36.3	35.0	33.7	36.6	37.6	37.4	37.5
	At first ESRD treatment	24.9	23.7	24.2	27.1	27.8	27.7	27.7
2j	Primary modality (% of 2a; sums to 100%)							
	Hemodialysis	88.0	87.3	87.2	86.3	85.3	85.3	85.4
	CAPD/CCPD	12.0	12.7	12.8	13.7	14.7	14.7	14.6
	Other/Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2k	Number of incident hemodialysis patients (n)	13	13	13	12	12.8	12.8	12.9
2l	Access used at first outpatient dialysis (% of 2k; sums to 100%)							
	Arteriovenous fistula	15.4	14.1	13.1	13.3	12.5	12.5	12.6
	Arteriovenous graft	3.2	2.8	2.6	3.0	2.9	2.9	2.9
	Catheter	81.1	82.8	84.1	83.3	84.2	84.2	84.2
	Other/Unknown/Missing	0.4	0.3	0.3	0.3	0.3	0.3	0.3
2m	Arteriovenous fistula placed (% of 2k)	28.6	25.4	23.9	23.2	22.1	22.0	22.1

(continued)



# Dialysis Facility Report for Fiscal Year 2024

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**TABLE 2 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2019-2022 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022		
	2019	2020	2021	2022	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							
2n Hemoglobin (g/dL [5-20])	9.3	9.3	9.4	9.3	9.3	9.3	9.3
2o Serum albumin (g/dL [0.8-6.0])	3.3	3.3	3.4	3.4	3.4	3.4	3.4
2p Serum creatinine (mg/dL [0-33])	6.4	6.5	6.5	6.5	6.5	6.5	6.5
2q GFR (mL/min [0-30])	10.8	10.7	10.7	10.7	10.7	10.7	10.7
<b>Care Prior to ESRD Therapy</b>							
2r Received ESA prior to ESRD (% of 2a)	16.1	15.9	15.6	16.3	16.2	16.2	16.3
2s Pre-ESRD nephrologist care (% of 2a; sums to 100%) <sup>*7</sup>							
No	16.4	16.4	16.7	16.0	15.2	15.3	15.6
Yes, < 6 months	17.1	18.1	18.5	19.0	18.8	18.8	18.8
Yes, 6-12 months	20.6	19.5	18.9	18.8	19.0	19.0	19.0
Yes, > 12 months	32.0	30.9	29.7	29.2	30.2	30.2	29.9
Unknown/Missing	14.0	15.2	16.3	16.9	16.8	16.7	16.8
2t Informed of transplant options (% of 2a)	84.5	84.3	91.1	92.5	92.6	92.6	92.5
2u Patients not informed of transplant options (n)	2	2	1	1	1.1	1.1	1.1
2v Reason not informed (% of 2u; may not sum to 100%) <sup>*8</sup>							
Medically unfit	13.2	15.1	41.3	45.8	40.3	40.1	41.0
Unsuitable due to age	15.3	11.1	0.0	0.0	0.0	0.0	0.0
Psychologically unfit	2.3	1.7	0.0	0.0	0.0	0.0	0.0
Patient declined information	1.6	1.5	7.4	11.5	10.4	10.6	11.3
Patient has not been assessed	64.8	61.2	39.4	45.7	55.6	56.1	55.7
<b>Comorbid Conditions</b>							
2w Pre-existing comorbidity (% yes of 2a) <sup>*9</sup>							
Congestive heart failure	28.9	27.5	26.7	25.6	26.1	26.1	25.9
Atherosclerotic heart disease <sup>*9</sup>	12.1	11.7	10.9	10.5	10.8	10.9	10.9
Other cardiac disorder <sup>*9</sup>	21.4	20.5	20.7	20.1	20.6	20.7	20.4
CVD, CVA, TIA	9.0	8.7	8.4	8.2	8.3	8.3	8.2
Peripheral vascular disease	9.1	8.5	7.8	7.1	7.2	7.3	7.3
History of hypertension	87.8	87.5	86.8	86.3	87.0	87.0	87.0
Diabetes <sup>*9</sup>	64.3	63.4	63.5	62.6	63.3	63.4	63.5
Diabetes on insulin	43.3	42.2	41.4	40.2	40.9	41.0	40.9
COPD	9.6	9.0	8.6	8.1	8.0	8.0	7.8
Current smoker	7.4	7.0	6.8	6.8	6.7	6.7	6.5
Cancer	7.3	7.3	6.9	6.9	6.8	6.9	6.8
Alcohol dependence	1.8	1.9	1.8	1.8	1.7	1.7	1.7
Drug dependence	1.7	1.6	1.6	1.6	1.6	1.6	1.6
Inability to ambulate	7.0	6.7	6.6	6.0	5.9	6.0	6.0
Inability to transfer	3.7	3.5	3.4	3.1	3.1	3.1	3.2
2x Average number of comorbid conditions	3.1	3.1	3.0	2.9	3.0	3.0	3.0

n/a= not applicable

[\*1] See *Guide, Section V*.

[\*2] Values are shown for the average facility.

[\*3] For continuous variables, summaries include only responses in range indicated in brackets.

[\*4] Asian includes Indian sub-continent. Native American includes Alaskan Native. White includes Middle Eastern and Arab.

[\*5] The median BMI is computed for adult patients at least 20 years old with height, weight, and BMI values in acceptable ranges. Acceptable range for height, weight, and BMI are 122-208 cm, 32-318 kg, and 10-55, respectively.

[\*6] Full-time, part-time, or student (% of 18-60 year olds).

[\*7] Values may not sum to exactly 100% because of patients that received nephrology care but duration unknown (0.000% in US in 2022).

[\*8] Values may not sum to exactly 100% because of patients for which multiple reasons are selected, or when other or no reason is selected.

[\*9] 'Atherosclerotic heart disease' includes ischemic heart disease (coronary artery disease) and myocardial infarction. 'Other cardiac disorder' includes cardiac arrest, cardiac dysrhythmia, and pericarditis. 'Diabetes' includes patients with diabetes as the primary cause of ESRD.

# Dialysis Facility Report for Fiscal Year 2024

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**TABLE 3: Mortality Summary for All Dialysis Patients (2019-22)<sup>^</sup> & New Dialysis Patients (2019-21)<sup>\*1^</sup>**

Measure Name	This Facility					Regional Averages <sup>*2</sup>		
	2019	2020 <sup>^</sup>	2021	2022	2019-2022 <sup>^</sup>	State	Network	U.S.
<b>All Patients: Death Counts</b>						<b>2019-2022<sup>^</sup></b>		
3a Patients (n)	82	82	81	80	325 <sup>*8</sup>	81.4	81.4	88.3
3b Patient-years (PY) at risk (n)	58.7	39.4	57.6	55.6	211.3 <sup>*8</sup>	53.0	53.0	54.1
3c Deaths (n)	10	8	12	11	41 <sup>*8</sup>	10.2	10.2	10.8
3d Expected deaths (n)	11.0	8.5	13.0	11.5	42.1 <sup>*8</sup>	10.5	10.5	10.8
3e Withdrawal from dialysis prior to death (% of 3c)	27.9	23.4	20.7	22.1	23.2	23.7	23.5	22.8
<b>3f Death due to Infections (% of 3c)</b>	<b>9.9</b>	<b>10.2</b>	<b>9.9</b>	<b>9.6</b>	<b>9.9</b>	<b>10.0</b>	<b>10.1</b>	<b>10.0</b>
Death due to Cardiac causes (% of 3c)	47.0	44.5	42.3	43.9	44.0	44.8	44.9	44.1
Death due to Liver disease (% of 3c)	1.5	1.2	1.2	1.2	1.3	1.3	1.3	1.3
3g Dialysis unrelated deaths <sup>*3</sup> (n; excluded from SMR)	0	0	0	0	0 <sup>*8</sup>	0.1	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
<b>3h SMR<sup>*4</sup></b>	<b>0.99</b>	<b>1.01</b>	<b>0.96</b>	<b>1.00</b>	<b>0.99</b>	<b>0.98</b>	<b>0.98</b>	<b>1.00</b>
3i P-value <sup>*5</sup>	0.497	0.500	0.498	0.499	0.496	n/a	n/a	n/a
3j Confidence interval for SMR <sup>*6</sup>								
High (97.5% limit)	1.94	2.05	1.86	1.90	1.59	n/a	n/a	n/a
Low (2.5% limit)	0.49	0.45	0.51	0.49	0.62	n/a	n/a	n/a
3k SMR percentiles for this facility <sup>*7</sup>								
In this State	51	51	50	50	50	n/a	n/a	n/a
In this Network	51	51	50	50	50	n/a	n/a	n/a
In the U.S.	51	51	50	50	50	n/a	n/a	n/a
<b>New Patients: First Year Death Counts</b>						<b>2019-2021<sup>^</sup></b>		
3l New patients (n=number)	15	15	15		45 <sup>*8</sup>	15.3	15.3	15.3
3m Patient-years (PY) at risk (n)	10.6	8.1	8.3		27.1 <sup>*8</sup>	9.3	9.3	9.3
3n Deaths (n)	2	2	3		7 <sup>*8</sup>	2.5	2.5	2.5
3o Expected deaths (n)	2.2	2.5	2.8		7.3 <sup>*8</sup>	2.4	2.4	2.4
3p Withdrawal from dialysis prior to death (% of 3n)	28.9	22.6	22.5		24.3	25.1	25.1	24.9
3q Death due to Infections (% of 3n)	9.2	9.3	9.1		9.2	9.2	9.2	9.3
Death due to Cardiac causes (% of 3n)	42.3	39.0	39.5		39.7	39.9	40.0	40.4
Death due to Liver disease (% of 3n)	2.8	2.0	2.1		2.2	2.3	2.3	2.3
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
3r SMR <sup>*4</sup>	0.96	0.95	0.96		1.01	1.01	1.01	1.00
3s P-value <sup>*5</sup>	0.492	0.500	0.489		0.503	n/a	n/a	n/a
3t Confidence interval for SMR <sup>*6</sup>								
High (97.5% limit)	2.53	2.51	2.42		2.25	n/a	n/a	n/a
Low (2.5% limit)	0.35	0.34	0.37		0.40	n/a	n/a	n/a
3u First Year SMR percentiles for this facility <sup>*7</sup>								
In this State	52	50	50		51	n/a	n/a	n/a
In this Network	52	51	50		51	n/a	n/a	n/a
In the U.S.	52	50	50		51	n/a	n/a	n/a

n/a = not applicable

[^] Data from March through June 2020 are excluded from all calculations due to data exceptions.

[\*1] See *Guide, Section VI*.

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

[\*3] Defined as deaths due to street drugs and accidents unrelated to treatment.

[\*4] Calculated as a ratio of deaths to expected deaths (3c to 3d for all patients, 3n to 3o for new patients); not shown if there are fewer than 3 expected deaths.

[\*5] A p-value less than 0.05 indicates that the difference between the actual and expected mortality is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

[\*6] The confidence interval range represents uncertainty in the value of the SMR due to random variation.

[\*7] All facilities are included in ranking, regardless of the number of expected deaths.

[\*8] Sum of 4 years (all patients) or 3 years (new patients) used for calculations; should not be compared to regional averages.

# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 4: Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2019-2022 <sup>^</sup>			
	2019	2020 <sup>^</sup>	2021	2022	2019-2022 <sup>^</sup>	State	Network	U.S.	
<b>Medicare Dialysis Patients</b>									
4a	Medicare dialysis patients (n)	68	67	67	65	268 <sup>*3</sup>	67.3	67.3	72.3
4b	Patient-years (PY) at risk (n)	47.6	32.0	46.6	44.7	170.9 <sup>*3</sup>	42.9	42.9	43.5
<b>Days Hospitalized Statistics</b>									
4c	Total days hospitalized (n)	525	363	518	514	1,920 <sup>*3</sup>	481.8	481.7	511.6
4d	Expected total days hospitalized (n)	587.8	400.5	563.3	555.9	2,007.8 <sup>*3</sup>	502.1	502.1	511.7
4e	Standardized Hospitalization Ratio (Days) <sup>*4</sup>	0.96	0.96	0.96	0.96	0.97	0.96	0.96	1.00
4f	P-value <sup>*5</sup>	0.498	0.498	0.500	0.500	0.494	n/a	n/a	n/a
4g	Confidence interval for SHR (Days) <sup>*6</sup>								
	High (97.5% limit)	1.95	1.95	1.96	1.95	1.73	n/a	n/a	n/a
	Low (2.5% limit)	0.57	0.56	0.56	0.56	0.64	n/a	n/a	n/a
4h	Percentiles for this facility (Days) <sup>*7</sup>								
	In this State	50	50	50	50	50	n/a	n/a	n/a
	In this Network	50	50	50	50	50	n/a	n/a	n/a
	In the U.S.	50	50	50	50	50	n/a	n/a	n/a
<b>Admission Statistics<sup>*8</sup></b>									
4i	Total admissions (n)	73	46	63	60	242 <sup>*3</sup>	60.7	60.7	62.6
4j	Expected total admissions (n)	79.0	48.9	66.9	63.5	245.9 <sup>*3</sup>	61.5	61.5	62.6
<b>4k</b>	<b>Standardized Hospitalization Ratio (Admissions)<sup>*4</sup></b>	<b>0.99</b>	<b>0.99</b>	<b>0.99</b>	<b>0.98</b>	<b>0.99</b>	<b>0.99</b>	<b>0.99</b>	<b>1.00</b>
4l	P-value <sup>*5</sup>	0.500	0.497	0.500	0.499	0.496	n/a	n/a	n/a
4m	Confidence interval for SHR (Admissions) <sup>*6</sup>								
	High (97.5% limit)	1.65	1.70	1.72	1.72	1.52	n/a	n/a	n/a
	Low (2.5% limit)	0.63	0.61	0.61	0.61	0.69	n/a	n/a	n/a
4n	Percentiles for this facility (admissions) <sup>*7</sup>								
	In this State	50	50	50	50	50	n/a	n/a	n/a
	In this Network	50	50	50	50	50	n/a	n/a	n/a
	In the U.S.	50	50	50	50	50	n/a	n/a	n/a
<b>4o</b>	<b>Diagnoses associated with hospitalization (% of 4a)</b>								
	Septicemia	11.9	13.0	12.4	12.3	12.4	12.8	12.8	12.4
	Acute myocardial infarction	6.1	6.9	7.3	7.5	6.9	7.2	7.2	6.9
	Congestive heart failure	28.0	28.3	28.3	28.6	28.3	29.2	29.2	27.9
	Cardiac dysrhythmia	18.8	19.2	19.3	19.1	19.0	19.5	19.5	18.6
	Cardiac arrest	2.2	2.7	2.9	2.7	2.6	2.8	2.8	2.7
4p	One day admissions (% of 4i)	9.6	9.1	8.8	8.3	8.9	8.9	8.8	8.8
4q	Average length of stay (days per admission; 4c/4i)	7.2	7.6	7.8	8.0	7.7	7.6	7.6	7.9
4r	Admissions that originate in the ED (% of 4i)	80.4	81.9	82.8	83.5	82.2	84.4	84.7	85.0

(continued)

# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 4 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2019-2022 <sup>^</sup>			
	2019	2020 <sup>^</sup>	2021	2022	2019-2022 <sup>^</sup>	State	Network	U.S.	
<b>Standardized Emergency Department Encounter Ratio (SEDR)</b>									
4s	Emergency department (ED) events (n)	58	34	39	34	165	41.4	41.4	41.5
4t	Expected number of emergency department events (n)	63.3	36.1	41.4	36.0	167.7	41.9	41.9	41.9
4u	SEDR <sup>*4</sup>	1.00	1.00	1.01	1.00	1.00	0.99	0.99	1.00
4v	P-value for SEDR <sup>*5</sup>	0.498	0.498	0.500	0.497	0.497	n/a	n/a	n/a
4w	Confidence interval for SEDR <sup>*6</sup>								
	High (97.5% limit)	1.92	2.06	2.10	2.10	1.82	n/a	n/a	n/a
	Low (2.5% limit)	0.56	0.53	0.53	0.53	0.60	n/a	n/a	n/a
<b>Standardized Ratio of ED Encounters Occurring within 30 Days of Hospital Discharge (ED30)</b>									
4x	Index discharges (n)	48	25	34	29	136	34.4	34.4	34.4
4y	Total ED visits within 30 days of hospital discharge (n)	8	4	5	4	21	5.4	5.4	5.4
4z	Expected total ED visits within 30 days of hospital discharge (n)	9.3	4.8	5.9	5.2	22.4	5.6	5.6	5.6
4aa	ED30 Ratio <sup>*4</sup>	1.04	1.06	1.06	1.05	1.03	1.02	1.02	1.01
4ab	P-value for ED30 Ratio <sup>*5</sup>	0.501	0.497	0.498	0.496	0.498	n/a	n/a	n/a
4ac	Confidence interval for ED30 Ratio <sup>*6</sup>								
	High (97.5% limit)	2.11	2.41	2.37	2.43	1.83	n/a	n/a	n/a
	Low (2.5% limit)	0.41	0.34	0.36	0.34	0.50	n/a	n/a	n/a
<b>Standardized Readmission Ratio (SRR)</b>									
4ad	Index discharges (n)	65	36	59	56		59.2	59.2	59.3
4ae	Total readmissions (n)	17	10	15	15		15.4	15.4	15.4
4af	Expected total readmissions (n)	19	11	16	16		15.7	15.7	15.8
<b>4ag</b>	<b>SRR<sup>*4</sup></b>	<b>1.00</b>	<b>0.99</b>	<b>1.00</b>	<b>1.00</b>		<b>1.03</b>	<b>1.04</b>	<b>1.04</b>
4ah	P-value for SRR <sup>*5</sup>	0.499	0.503	0.501	0.499		n/a	n/a	n/a
4ai	Confidence interval for SRR <sup>*6</sup>								
	High (97.5% limit)	1.59	1.70	1.62	1.64		n/a	n/a	n/a
	Low (2.5% limit)	0.56	0.49	0.54	0.54		n/a	n/a	n/a

n/a = not applicable.

[^] Data from March through June 2020 are excluded from all calculations due to data exceptions. Readmission Statistics are further limited to index discharges between January 1-30, 2020 and July-December 2020.

[\*1] SEDR and ED30 statistics include only patients with Medicare as primary insurer and exclude patients with Medicare Advantage plans. All other summaries include patients with Medicare as primary insurer or with a Medicare Advantage plan; see *Guide, Section VII*.

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

[\*3] Sum of 4 years used for calculations; should not be compared to regional averages.

[\*4] Standardized Ratios are calculated as a ratio of actual to expected events (4c/4d for days, 4i/4j for admissions, 4s/4t for SEDR, 4y/4z for ED30, and 4ae/4af for SRR). SHRs and SEDR are not shown if there are less than five patient years at risk. SRR and ED30 ratios are not shown if fewer than 11 index discharges in the year.

[\*5] A p-value less than 0.05 indicates that the difference between the actual and expected event is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

[\*6] The confidence interval range represents uncertainty in the value of the standardized hospitalization and readmission ratios (SHRs, SEDR, ED30, SRR) due to random variation.

[\*7] All facilities are included in ranking, regardless of the number of patient years at risk.

[\*8] Rows 4i-4n exclude index COVID hospitalizations, while rows 4p-4r include all admissions. Row 4o includes diagnoses in any position on a hospital inpatient claim.

# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 5: Transplantation Summary for Dialysis Patients under Age 75<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2019-2022 <sup>^</sup>		
	2019	2020 <sup>^</sup>	2021	2022	2019-2022 <sup>^</sup>	State	Network	U.S.
<b>All Transplants</b>								
5a Eligible patients (n)	65	64	64	62	255 <sup>*10</sup>	64.0	64.0	69.6
5b Transplants (n)	2	2	2	2	8 <sup>*10</sup>	2.1	2.1	2.1
5c Donor type (sums to 5b) <sup>*3</sup>								
Living donor (n)	0	0	0	0	2 <sup>*10</sup>	0.4	0.4	0.4
Deceased donor (n)	2	1	2	2	7 <sup>*10</sup>	1.7	1.7	1.7
<b>First Transplants</b>								
5d Eligible patients (n)	60	60	60	58	238 <sup>*10</sup>	59.6	59.6	64.5
5e Patient years (PY) at risk (n)	43.4	28.9	42.4	40.6	155.3 <sup>*10</sup>	38.9	38.9	39.8
5f First transplants <sup>*4</sup> (n)	2	1	2	2	8 <sup>*10</sup>	1.9	1.9	1.9
5g Expected first transplants (n)	2.0	1.4	2.1	2.1	7.4 <sup>*10</sup>	1.8	1.8	1.9
<b>Standardized 1st Transplantation Ratio (STR)<sup>*5</sup></b>								
5h STR <sup>*6</sup>					<b>1.03</b>	<b>1.04</b>	<b>1.03</b>	<b>1.00</b>
5i P-value <sup>*7</sup>					0.410	n/a	n/a	n/a
5j Confidence interval for STR <sup>*8</sup>								
High (97.5% limit)					2.06	n/a	n/a	n/a
Low (2.5% limit)					0.47	n/a	n/a	n/a
5k STR percentiles for this facility <sup>*9</sup>								
In this State					51	n/a	n/a	n/a
In this Network					51	n/a	n/a	n/a
In the U.S.					51	n/a	n/a	n/a

n/a = not applicable.

[^] Data from March through June 2020 are excluded from all calculations due to data exceptions.

[\*1] See *Guide, Section VIII*.

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

[\*3] Values may not sum to 5b due to unknown donor type.

[\*4] Among first transplants that occurred after the start of dialysis from 2019-2022, 3.2% of transplants in the U.S. were not included because the transplant occurred fewer than 91 days after the start of ESRD and 0.8% were not included because the patient was not assigned to a facility at time of transplant.

[\*5] This section is calculated for the 4-year period only and not reported if there are fewer than 3 expected transplants.

[\*6] Standardized 1st Transplantation Ratio is calculated as a ratio of actual (5f) to expected (5g) transplants.

[\*7] A p-value less than 0.05 indicates that the difference between the actual and expected transplants is probably real and is not due to random chance, while a p-value greater than or equal to 0.05 indicates that the difference is plausibly due to random chance.

[\*8] The confidence interval range represents uncertainty in the value of the STR due to random variation.

[\*9] All facilities are included in ranking, regardless of the number of expected transplants.

[\*10] Sum of 4 years used for calculations; should not be compared to regional averages.

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**TABLE 6: Waitlist Summary for All Dialysis Patients (2019-2022)<sup>^</sup> & New Dialysis Patients (2019-2021)<sup>^</sup> under Age 75<sup>\*1</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022		
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.
<b>All Dialysis Patients</b>							
6a Eligible patients (n)	64	62	63	61	61.1	61.1	61.1
6b Patient-months at risk (n) <sup>*3</sup>	543	364	534	510	510.9	511.0	511.1
<b>6c Patient-months on the waitlist (% of 6b)<sup>*3</sup></b>	<b>18.0</b>	<b>17.2</b>	<b>16.8</b>	<b>16.4</b>	<b>16.8</b>	<b>16.6</b>	<b>17.0</b>
6d Patient-months on the waitlist by subgroup (%) <sup>*3 *4</sup>							
Age < 40	27.0	25.9	25.3	24.5	25.9	25.7	26.1
Age 40-74	16.9	16.0	15.7	15.3	15.8	15.6	16.0
Male	19.2	18.2	17.8	17.5	17.8	17.6	18.1
Female	16.3	15.5	15.2	14.7	15.2	15.0	15.3
African American	18.2	17.2	16.9	16.5	16.3	16.2	16.1
Asian/Pacific Islander	26.0	25.0	23.9	23.8	24.9	24.3	25.0
Native American	15.8	15.7	14.5	14.1	14.5	14.6	10.4
White, Hispanic	20.1	19.5	18.5	17.1	17.2	16.9	17.8
White, non-Hispanic	17.5	16.6	16.3	15.7	16.4	16.3	16.3
Other/unknown race	23.1	21.4	17.7	16.6	16.2	15.4	16.9
Diabetes	14.6	14.1	13.9	13.8	13.9	13.6	14.1
Non-diabetes	20.8	19.5	19.0	18.4	19.1	19.0	19.3
Previous kidney transplant	30.4	29.2	28.6	27.5	29.0	29.0	29.4
No previous kidney transplant	17.0	16.2	15.8	15.5	15.8	15.6	16.0
< 2 years since start of ESRD	13.3	12.7	12.4	12.5	13.3	13.1	13.1
2-4 years since start of ESRD	22.6	21.7	21.3	21.1	21.7	21.5	22.1
5+ years since start of ESRD	19.3	18.2	17.6	16.7	16.1	15.9	16.8
<b>6e Age-adjusted percentage of patient-months waitlisted<sup>*5</sup></b>	<b>18.1</b>	<b>17.2</b>	<b>16.8</b>	<b>16.4</b>	<b>16.4</b>	<b>16.4</b>	<b>16.4</b>
6f P-value <sup>*6</sup>	0.482	0.483	0.490	0.492	n/a	n/a	n/a
6g Confidence interval for percent waitlisted <sup>*7</sup>							
High (97.5% limit)	45.1	44.5	44.3	44.0	n/a	n/a	n/a
Low (2.5% limit)	6.68	6.20	5.92	5.67	n/a	n/a	n/a
<b>New Dialysis Patients</b>							
	<b>2019</b>	<b>2020<sup>^</sup></b>	<b>2021</b>	<b>2019-2021<sup>^</sup></b>		<b>2019-2021<sup>*2 ^</sup></b>	
6h Eligible patients (n)	10	9	10	29	10.0	10.0	10.0
6i Patient-years (PY) at risk (n)	7	8	9	23	8.0	8.0	8.0
6j First waitlist events (n) <sup>*8</sup>	1	1	1	2	0.8	0.8	0.8
6k Expected 1st waitlist events (n) <sup>*8</sup>	0.7	0.8	0.9	2.3	0.7	0.7	0.7
6l Standardized Waitlist Ratio (SWR) <sup>*8 *9</sup>				0.96	1.04	1.03	1.00
6m P-value <sup>*6</sup>				0.509	n/a	n/a	n/a
6n Confidence interval for SWR <sup>*7</sup>							
High (97.5% limit)				2.68	n/a	n/a	n/a
Low (2.5% limit)				0.30	n/a	n/a	n/a

n/a = not applicable.

[^] Data from March through June 2020 are excluded from all calculations due to data exceptions.

[\*1] See *Guide, Section IX*.

[\*2] For "All Dialysis Patients" section, values are shown for the average facility. For "New Dialysis Patients" section, values are shown for the average facility, annualized.

[\*3] Eligible patient-months (6b) include patients assigned to the facility on the last day of each month. A patient may be counted up to 12 times per year.

[\*4] The waitlist percentage for each subgroup is calculated as a rate of waitlisted patient-months to patient-months at risk in each subgroup. A missing value indicates that there were no eligible patients in the subgroup.

[\*5] Age-adjusted percentage of prevalent patients waitlisted is not shown if there are fewer than 11 eligible patients in this facility.

[\*6] A p-value less than 0.05 indicates that the difference between the observed and expected waitlist events (SWR), or the difference between the age-adjusted percent waitlisted for your facility and the overall national percentage 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 confidence interval range represents uncertainty in the value of the SWR or age-adjusted percent waitlisted due to random variation.

[\*8] An event is defined as a waitlisting or living-donor transplant.

[\*9] SWR is calculated as a ratio of observed waitlisted events to expected waitlisted events (6j/6k); not shown if a facility has less than 2 expected waitlisted events or less than 11 eligible patients.

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**TABLE 7: Influenza Vaccination Summary for All Dialysis Patients<sup>\*1</sup>, Flu Seasons during August 2019-December 2022**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2019 <sup>^</sup>	2020	2021	2022	State	Network	U.S.
							<b>2022</b>
7a Eligible patients on Dec. 31 (n)	63	62	60	59	59.4	59.4	59.5
7b Patients excluded due to medical contraindication (n)	1	1	1	2	1.5	1.5	1.5
							<b>2021</b>
<b>Full Flu Season (Aug. 1-Mar. 31 of following year)</b>							
7c Patients vaccinated (% of 7a)	<b>86.3</b>	<b>86.5</b>	<b>82.7</b>		<b>82.9</b>	<b>83.0</b>	<b>83.1</b>
7d P-value <sup>*3</sup> (for 7c compared to U.S. value <sup>*4</sup> )	0.157	0.185	0.173		n/a	n/a	n/a
7e Reason for no vaccination (% of 7a)							
Declined vaccination	5.9	6.9	8.5		8.9	8.9	8.7
Other reason or vaccine data not available	7.8	6.6	8.8		8.2	8.1	8.2
							<b>2022</b>
<b>Half Flu Season (Aug. 1-Dec. 31)</b>							
7f Patients vaccinated (% of 7a)	85.2	86.0	81.5	72.5	73.7	73.8	73.7
7g P-value <sup>*3</sup> (for 7f compared to U.S. value <sup>*5</sup> )	0.154	0.183	0.171	0.112	n/a	n/a	n/a
7h Patients vaccinated by subgroup (% <sup>*6</sup> )							
Medicare	85.7	86.8	82.5	73.7	74.8	74.9	74.9
Medicare Advantage	86.2	87.6	83.6	74.7	75.5	75.8	76.0
Medicare as primary insurer	85.7	86.7	82.2	73.5	74.5	74.5	74.3
Medicare as secondary insurer	85.3	86.4	80.9	72.1	72.2	72.3	72.0
Non-Medicare	80.8	80.4	74.3	66.2	66.2	66.3	66.3
Dual Medicare/Medicaid eligible	84.9	85.6	80.8	73.0	73.6	73.5	73.8
Age < 18	82.9	77.7	71.8	51.4	47.3	50.2	47.7
Age 18-39	80.7	79.1	71.0	64.6	64.1	64.2	64.3
Age 40-64	84.3	84.7	79.5	71.0	71.6	71.7	71.8
Age 65-74	86.3	87.8	84.0	74.9	75.7	75.8	75.7
Age 75+	87.1	89.1	86.0	76.8	77.7	77.9	77.4
Male	85.1	85.9	81.3	72.2	73.2	73.4	73.2
Female	85.3	86.3	82.0	73.4	74.1	74.2	74.1
African American	82.7	82.7	78.4	70.9	69.9	69.5	70.7
Asian/Pacific Islander	87.9	90.0	85.6	76.9	77.9	77.9	75.8
Native American	87.6	87.2	79.7	65.5	63.6	66.3	72.6
White	86.1	87.4	82.7	73.2	75.2	75.3	75.2
Other/unknown race	66.2	68.4	68.0	57.1	57.3	57.5	58.1
Hispanic	86.9	87.8	83.0	75.0	76.9	77.1	77.6
< 1 year since start of ESRD	80.1	80.5	74.7	62.9	63.2	63.3	63.1
1-2 years since start of ESRD	85.9	86.8	82.3	73.1	73.5	73.7	73.5
3+ years since start of ESRD	87.0	88.0	84.4	76.9	78.1	78.2	78.1

n/a = not applicable

[^] Data from January through March 2020 are excluded from all calculations due to data exceptions.

[\*1] All Dialysis Patients are those treated on December 31; see *Guide, Section VIII*.

[\*2] Values are shown for the average facility.

[\*3] A p-value greater than or equal to 0.05 indicates that the difference between percent of patients vaccinated at the facility and national percentage is plausibly due to random chance.

[\*4] Compared to the U.S. value for that year and time period (8/1-3/31): 86.1% (2019), 86.6% (2020), 83.1% (2021).

[\*5] Compared to the U.S. value for that year and time period (8/1-12/31): 84.9% (2019), 86.1% (2020), 81.9% (2021), 73.7% (2022).

[\*6] A missing value indicates that there were no eligible patients in the subgroup.

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**TABLE 8: Anemia Management Summaries for Adult Dialysis Patients <sup>\*1</sup>, 2019-2022**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.
<b>Hemoglobin and ESA for Adult Hemodialysis (HD) Patients</b>							<b>2022</b>
8a Eligible patients (n)	69	59	67	66	70.2	70.2	70.3
8b Eligible patient-months (n) <sup>*3</sup>	606	300	582	559	597.6	598.2	598.5
8c Average hemoglobin <sup>*4</sup> (g/dL) (average of 8b)	10.7	10.8	10.7	10.7	10.7	10.7	10.7
<b>8d Hemoglobin categories (% of 8b; sums to 100%)</b>							
<10 g/dL	22.7	22.3	23.1	23.5	23.5	23.6	23.4
10-<11 g/dL	34.2	33.2	33.2	33.1	33.9	33.9	34.1
11-12 g/dL	28.5	28.9	27.7	27.7	28.2	28.1	28.2
>12 g/dL	11.8	13.2	12.2	11.9	11.8	11.8	11.8
Missing/Out of range	2.8	2.4	3.8	3.7	2.6	2.6	2.6
8e ESA prescribed (% of 8b)	74.6	75.0	75.5	74.8	75.9	75.9	75.9
<b>Hemoglobin and ESA for Adult Peritoneal Dialysis (PD) Patients</b>							
8f Eligible patients (n)	9	8	10	10	23.5	23.3	23.1
8g Eligible patient-months (n) <sup>*3</sup>	72	39	79	79	181.6	179.8	178.3
8h Average hemoglobin <sup>*4</sup> (g/dL) (average of 8g)	10.9	10.9	11.0	10.9	10.9	10.9	10.9
<b>8i Hemoglobin categories (% of 8g; sums to 100%)</b>							
<10 g/dL	23.4	22.3	21.7	22.6	22.8	22.8	22.9
10-<11 g/dL	28.5	28.1	27.8	27.6	27.9	27.9	28.1
11-12 g/dL	25.6	26.3	25.9	25.6	26.1	26.1	26.0
>12 g/dL	18.3	19.8	19.6	19.5	19.5	19.5	19.1
Missing/Out of range	4.2	3.4	4.9	4.8	3.7	3.7	3.8
8j ESA prescribed (% of 8g)	55.4	55.1	53.8	53.2	53.5	53.5	53.9
<b>Standardized Transfusion Ratio (STrR)</b>							<b>2022</b>
8k Eligible adult Medicare patients (n)	44	42	36	31	32.8	32.8	32.8
8l Patient years (PY) at risk (n)	28	18	22	19	19.4	19.5	19.5
8m Total transfusions (n)	9	6	7	6	6.2	6.2	6.2
8n Expected total transfusions (n)	9.7	6.7	8.0	6.5	6.5	6.5	6.5
8o Standardized Transfusion Ratio <sup>*5</sup>	0.98	0.97	0.97	0.95	0.97	0.97	1.00
Upper Confidence Limit (97.5%)	3.26	3.15	3.22	3.45	n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.42	0.42	0.43	0.41	n/a	n/a	n/a
8p P-value <sup>*6</sup>	0.499	0.502	0.497	0.501	n/a	n/a	n/a

n/a = not applicable

[^] Data from January through June 2020 are excluded from hemoglobin and ESA summaries and data from March through June 2020 are excluded from STrR calculations due to data exceptions.

[\*1] See *Guide, Section XI*. Transfusion summaries include adult Medicare Dialysis Patients only.

[\*2] Values are shown for the average facility.

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

[\*4] Based on in-range values; see *Guide* for range values.

[\*5] Calculated as a ratio of observed to expected transfusions (8m to 8n); not shown if there are fewer than 10 patient-years at risk (8l). The confidence interval range represents uncertainty in the value of the STrR due to random variation.

[\*6] A p-value less than 0.05 indicates that the difference between the actual and expected transfusion is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.



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**TABLE 9: Dialysis Adequacy Summaries for Adult Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022		
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.
<b>Hemodialysis (HD) Adequacy</b>							
9a Eligible adult HD patients (n)	69	59	67	66	70.2	70.2	70.3
9b Eligible adult HD patient-months (n) <sup>*3</sup>	606	300	582	559	597.6	598.2	598.5
9c Average serum albumin (g/dL) (average of 9b)	4.4	3.9	3.9	3.9	3.9	3.9	3.9
9d Serum albumin categories (% of 9b; sums to 100%)							
< 3.0 g/dL	2.6	2.5	2.3	2.0	2.0	2.0	1.9
3.0-<3.5 g/dL	10.3	9.9	9.0	8.3	8.4	8.4	8.2
3.5-<4.0 g/dL	42.0	40.8	36.6	37.0	37.9	37.9	37.7
>=4.0 g/dL	41.4	43.2	47.4	47.6	47.9	47.9	48.3
Missing	3.9	3.6	4.8	5.1	3.8	3.8	3.8
9e Serum albumin<4.0 g/dl (% of 9b)	54.8	53.2	47.8	47.3	48.2	48.3	47.8
9f Ultrafiltration rate average <sup>*4</sup> (ml/kg/hr) (average of 9b)	7.5	7.5	7.5	7.6	7.7	7.6	7.7
9g Ultrafiltration rate categories (% of 9b; sums to 100%)							
<=13 ml/kg/hr	83.0	85.5	85.3	84.8	86.3	86.3	86.3
>13 ml/kg/hr	7.3	7.5	7.3	7.4	7.7	7.7	7.7
Out of Range (=20 ml/kg/hr)	2.6	2.4	2.3	2.5	2.4	2.4	2.3
Missing	7.2	5.0	5.5	5.8	3.7	3.6	3.6
9h Eligible adult HD Kt/V patients (n) <sup>*5</sup>	66	55	64	62	68.0	68.0	68.0
9i Eligible adult HD Kt/V patient-months (n) <sup>*3 *5</sup>	579	280	543	521	572.8	573.1	573.4
9j Average Kt/V <sup>*4</sup> (average of 9i)	1.6	1.6	1.6	1.6	1.6	1.6	1.6
9k Kt/V categories (% of 9i; sums to 100%)							
<1.2	2.2	2.0	2.3	2.6	1.9	1.9	1.9
1.2-<1.8	69.5	70.8	70.8	71.9	72.5	72.5	72.3
>=1.8	26.0	25.6	24.1	22.7	23.7	23.7	23.9
Missing/Out of range	2.2	1.6	2.8	2.8	1.9	1.9	1.9
<b>Peritoneal Dialysis (PD) Adequacy</b>							
9l Eligible adult PD patients (n)	9	8	10	10	23.5	23.3	23.1
9m Eligible adult PD patient-months (n) <sup>*3</sup>	72	39	79	79	181.6	179.8	178.3
9n Average weekly Kt/V <sup>*4 *5</sup> (average of 9m)	2.2	2.2	2.2	2.2	2.2	2.2	2.2
9o Weekly Kt/V categories (% of 9m; sums to 100%) <sup>*5</sup>							
<1.7	5.9	5.3	6.1	6.4	5.3	5.2	5.3
1.7-<2.5	64.7	67.7	65.8	65.4	67.6	67.7	67.8
>=2.5	23.9	23.2	23.6	23.6	23.9	23.9	23.5
Missing/Out of range	5.5	3.7	4.6	4.7	3.2	3.2	3.4
9p Average serum albumin (g/dL) (average of 9m)	3.6	3.6	3.7	3.7	3.7	3.7	3.7
9q Serum albumin categories (% of 9m; sums to 100%)							
< 3.0 g/dL	7.6	7.5	6.6	6.0	5.8	5.8	5.6
3.0-<3.5 g/dL	24.6	24.1	21.8	20.9	21.1	21.1	20.8
3.5-<4.0 g/dL	42.0	42.4	40.4	42.0	42.8	42.9	42.8
>=4.0 g/dL	21.6	22.4	26.4	26.3	26.5	26.6	27.0
Missing	4.2	3.6	4.8	4.7	3.7	3.6	3.8
9r Serum albumin <4.0 g/dL(% of 9m)	74.2	74.0	68.7	68.9	69.8	69.8	69.2

n/a = not applicable.

[^] Data from January through June 2020 are excluded due to data exceptions.

[\*1] See *Guide, Section XII*. Unless otherwise noted, all summaries are based on data reported in EQRS and the patient must be on HD (or PD) for the entire reporting month to be included in patient counts and summaries.

[\*2] Values are shown for the average facility.

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

[\*4] Based on in-range values; see *Guide* for range values.

[\*5] Kt/V summaries are supplemented with Medicare claims if missing in EQRS. HD Kt/V summaries are restricted to patients who dialyze thrice weekly. See section of *Guide* titled "Determination of Thrice Weekly Dialysis" for more information. The most recent value over a 4-month period is selected for PD Kt/V. PD Kt/V values for 2020 are calculated for quarter 4 only due to data exceptions. As a result, there are fewer eligible adult PD patients than what is reported (9l-m) for Kt/V summaries since the 3-month lookback window includes data covered by CMS' COVID-19 ECE policy.

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**TABLE 10: Mineral Metabolism Summaries for All Adult Dialysis Patients <sup>\*1</sup>, 2019-2022 <sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022		
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.
10a Eligible adult patients (n) <sup>*3</sup>	78	66	77	75	78.1	78.1	78.2
10b Eligible adult patient-months (n) <sup>*3 *4</sup>	680	340	663	640	666.6	667.1	668.0
10c Average Phosphorus <sup>*5</sup> (mg/dL) (average <sup>*6</sup> )	5.4	5.5	5.5	5.5	5.5	5.5	5.5
<b>10d Phosphorus categories (% of 10b; sums to 100%) <sup>*6</sup></b>							
<3.5 mg/dL	7.5	7.2	6.7	7.3	7.5	7.5	7.6
3.5-4.5 mg/dL	23.2	22.7	21.8	22.5	22.8	22.8	22.8
4.6-5.5 mg/dL	29.8	29.4	28.8	28.0	28.2	28.3	28.3
5.6-7.0 mg/dL	21.5	22.0	22.0	22.0	22.3	22.3	22.2
>7.0 mg/dL	14.3	15.3	15.9	15.6	15.7	15.7	15.6
Out of Range (<0.01 mg/dL or >20 mg/dL)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing	3.7	3.4	4.7	4.6	3.4	3.4	3.4
10e Average calcium uncorrected <sup>*5</sup> (mg/dL) (average of 10b)	8.9	8.9	8.9	8.9	8.9	8.9	8.9
<b>10f Calcium uncorrected categories (% of 10b; sums to 100%)</b>							
<8.4 mg/dL	19.0	19.5	18.1	18.5	18.8	18.8	18.6
8.4-10.2 mg/dL	76.3	76.2	76.3	76.0	77.1	77.1	77.2
>10.2 mg/dL	1.3	1.2	1.3	1.2	1.1	1.1	1.1
Out of Range (<0.01 mg/dL or >20 mg/dL)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing	3.4	3.1	4.3	4.2	3.0	3.0	3.0
10g Average uncorrected serum or plasma calcium > 10.2 mg/dL (%) <sup>*5 *7</sup>	2.2	2.4	3.2	3.0	2.0	2.0	2.0

[^] Data from January through June 2020 are excluded due to data exceptions.

[\*1] See *Guide, Section XIII*. Summaries are based on data reported in EQRS and the patient must be assigned to the facility the entire month to be included.

[\*2] Values are shown for the average facility.

[\*3] Includes patients on ESRD more than 90 days who switch between HD and PD during the month and patients for whom modality is unknown.

[\*4] Patients may be counted up to 12 times per year.

[\*5] The acceptable range for phosphorus and calcium is 0.1 – 20 mg/dL. Values outside of this range are considered missing, which are counted towards the numerator.

[\*6] Eligible patients included in the phosphorus summaries differ slightly from what is reported in 10b since it includes patient-months within the first 90 days of ESRD.

[\*7] Hypercalcemia is averaged from uncorrected serum or plasma calcium values over a rolling 3-month period. Eligible patients included in the hypercalcemia summary differs slightly from what is reported in 10b since patients must be 18 as of the first day of the 3-month period.

# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 11: Vascular Access Information for All Dialysis Patients and Access-Related Infection Summaries for All Medicare Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup>			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Vascular Access</b>					<b>2022</b>			
11a	Prevalent adult hemodialysis patients (n)	73	61	71	69	74.0	74.1	74.1
11b	Prevalent adult hemodialysis patient-months(n) <sup>*3*4</sup>	632	311	607	583	622.5	623.2	623.5
<b>11c</b>	<b>Vascular access type in use (% of 11b; sums to 100%)</b>							
	Arteriovenous fistula	61.9	60.8	58.9	57.7	58.5	58.4	58.9
	Arteriovenous graft	17.0	16.8	16.4	16.0	16.9	16.9	16.6
	Catheter	18.4	20.1	20.9	22.6	22.3	22.4	22.1
	Other/Missing	2.7	2.3	3.8	3.6	2.3	2.3	2.3
11d	Standardized Fistula Rate (SFR) <sup>*5</sup>	63.0	61.7	60.0	58.7	58.7	58.7	58.6
11e	P-value <sup>*6</sup>	0.510	0.509	0.511	0.511	n/a	n/a	n/a
11f	Confidence interval for SFR <sup>*7</sup>							
	High (97.5% limit)	40.0	37.9	35.3	34.1	n/a	n/a	n/a
	Low (2.5% limit)	84.2	83.5	81.8	81.1	n/a	n/a	n/a
<b>11g</b>	<b>Long-Term Catheter Rate<sup>*8</sup></b>	<b>12.9</b>	<b>14.8</b>	<b>16.2</b>	<b>17.9</b>	<b>17.2</b>	<b>17.3</b>	<b>17.2</b>
<b>Vascular Access at First Treatment</b>								
11h	Incident hemodialysis patients (n)	13	7	13	12	13.8	13.8	13.8
11i	Vascular access type in use (% of 11h; sums to 100%)							
	Arteriovenous fistula	15.5	13.1	13.2	12.7	11.8	11.8	11.9
	Arteriovenous graft	3.5	3.0	2.9	3.3	3.2	3.2	3.2
	Catheter	78.8	81.5	82.3	79.7	80.8	80.8	80.8
	Other/Missing	2.2	2.4	1.6	4.3	4.1	4.1	4.2
11j	Arteriovenous fistulae in place (% of 11h) <sup>*9</sup>	16.7	13.7	13.8	13.3	12.4	12.4	12.4
<b>Infection: Peritoneal dialysis (PD)</b>					<b>2022</b>			
11k	Eligible PD patients (n)	6	6	6	5	11.1	11.0	10.9
11l	Eligible PD patient-months <sup>*4</sup>	46	32	42	38	80.1	79.2	78.5
11m	PD catheter infection rate per 100 PD patient-months <sup>*10</sup>	2.58	2.62	2.72	2.70	2.48	2.49	2.47
11n	P-value <sup>*11</sup> of 11m (compared to U.S. value) <sup>*12</sup>	0.363	0.403	0.372	0.388	n/a	n/a	n/a

n/a = not applicable

[^] Data from January through June 2020 are excluded from vascular access summaries and data from March through June 2020 are excluded from infection summaries due to data exceptions.

[\*1] See *Guide, Section XIV. Vascular Access* type is based on data reported in EQRS. For the prevalent summaries (rows 11a-11g), the patient must be assigned to the facility for the entire calendar month to be included. The PD infection summaries are based on Medicare Dialysis claims.

[\*2] Values are shown for the average facility.

[\*3] Patient months with a catheter that have limited life expectancy, including under hospice care in the current reporting month, or with metastatic cancer, end stage liver disease, coma or anoxic brain injury in the past 12 months, were excluded.

[\*4] Patients may be counted up to 12 times per year.

[\*5] Includes patients with an autogenous arteriovenous (AV) fistula as the sole means of vascular access. SFR is calculated as an adjusted rate of AV fistula in use reported in 11c; not shown if fewer than 11 eligible adult HD patients.

[\*6] A p-value less than 0.05 indicates that the difference between the fistula rate for your facility and the overall national fistula rate is probably real and is not due to random chance alone.

[\*7] The confidence interval range represents uncertainty in the value of the SFR due to random variation.

[\*8] Includes patients using a catheter continuously for three months or longer. Patients with other or missing access types (11c) are also counted as catheter in use in the numerator. Long-term catheter rate (11g) values in 2020 were calculated for quarter 4 only due to data limitations.

[\*9] Includes all patients with fistulae, regardless of whether or not they received their hemodialysis treatments using their fistulae.

[\*10] ICD-10 PD catheter infection code for PD patients is T8571XA.

[\*11] A p-value greater than or equal to 0.05 indicates the differences between the percent of patients with infection at the facility and national percentage is plausibly due to random change.

[\*12] Compared to U.S. value for that year: 2.47 (2019), 2.54 (2020), 2.60 (2021), and 2.47 (2022).

# Dialysis Facility Report for Fiscal Year 2024

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**TABLE 12: Comorbidities Reported on Inpatient Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2019-2022**

	Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022		
		2019	2020	2021	2022	State	Network	U.S.
12a	Medicare dialysis patients on 12/31 (n)	49	48	46	44	45.8	45.8	45.9
12b	Comorbidity (% yes of 12a)							
	<b>Infections</b>							
	AIDS/HIV positive	0.8	0.7	0.7	0.7	0.8	0.8	0.8
	Intravascular/implanted device-related <sup>*3</sup>	5.0	4.8	4.9	5.0	4.9	4.9	5.0
	Hepatitis B	0.4	0.4	0.4	0.4	0.5	0.5	0.5
	Hepatitis other	2.0	1.9	1.7	1.6	1.6	1.6	1.6
	Metastatic	1.4	1.4	1.4	1.5	1.5	1.5	1.6
	Pneumonia	5.0	3.5	3.3	3.5	3.5	3.5	3.6
	Tuberculosis	0.1	0.2	0.2	0.2	0.2	0.2	0.2
	Other	19.4	19.1	18.5	18.8	18.6	18.6	19.0
	<b>Cardiovascular</b>							
	Cardiac arrest	0.8	0.9	1.0	1.0	1.0	1.0	1.0
	Cardiac dysrhythmia	19.1	19.2	19.5	19.7	19.7	19.6	19.7
	Cerebrovascular disease	7.3	7.3	7.3	7.5	7.6	7.6	7.7
	Congestive heart failure	30.6	30.5	31.0	31.6	31.7	31.7	31.7
	Ischemic heart disease	27.0	26.6	26.6	26.8	26.9	26.8	26.9
	Myocardial infarction	6.3	7.0	7.6	8.0	8.0	8.0	8.1
	Peripheral vascular disease <sup>*4</sup>	16.9	17.0	17.1	17.1	17.1	17.1	17.4
	<b>Other</b>							
	Alcohol dependence	1.4	1.4	1.3	1.4	1.4	1.4	1.4
	Anemia	2.5	2.7	3.1	3.3	3.3	3.3	3.3
	Cancer	3.4	3.3	3.5	3.6	3.6	3.6	3.6
	Chronic obstructive pulmonary disease	16.0	15.1	14.7	14.9	14.9	14.9	14.7
	Diabetes	36.8	36.7	36.8	37.0	37.0	37.1	37.4
	Drug dependence	1.3	1.2	1.3	1.2	1.2	1.2	1.2
	Gastrointestinal tract bleeding	2.7	2.9	3.1	3.1	3.1	3.1	3.1
	Hyperparathyroidism	20.3	20.0	20.5	21.1	21.3	21.1	21.1
12c	Average number of comorbid conditions	2.3	2.2	2.3	2.3	2.3	2.3	2.3

n/a = not applicable

[\*1] Based on patients with Medicare as primary insurer on 12/31 each year. See *Guide, Section XV*.

[\*2] Values are shown for the average facility.

[\*3] This category includes bloodstream and other infections related to intravascular access and other implanted devices, not limited to dialysis access.

[\*4] Peripheral vascular disease includes venous, arterial and nonspecific peripheral vascular diseases.

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**TABLE 13: Facility Information <sup>\*1</sup>, 2022**

Measure Name	This Facility 2022	Regional Averages <sup>*2</sup> , 2022		
		State	Network	U.S.
13a Organization	SAMPLE MEDICAL CARE(SMC)			
13b Ownership	Profit			
13c Initial Medicare certification date	01/01/2016			
13d Number of stations	17			
13e Services provided	Unavailable			
13f Shifts after 5:00 pm	Yes			
13g Dialyzer Reuse	Yes			
13h CMS Certification Numbers (CCN) included in this report	999999			
13i National Provider Identifier (NPI) <sup>*3</sup>	1234569874			
<b>Long Term Care (LTC) <sup>*4</sup></b>				
13j Dialysis facility located in a Skilled Nursing Facility (SNF)	Yes			
13k Services provided in LTC facility by non-SNF based facility	None			
<b>Patient Placement</b>				
13l Patients treated during year from AFS Form-2744 (n)	100	99.7	99.8	99.9
13m Transferred into facility (% of 13l)	18.5	17.8	17.7	17.5
13n Transferred out of facility (% of 13l)	19.3	18.1	18.1	17.9
13o Patients treated on 12/31 (n)	65	n/a	n/a	n/a
13p Medicare eligibility status (% of 13o; sums to 100% <sup>*5</sup> )		n/a	n/a	n/a
Medicare	81.8	82.0	82.0	81.2
Medicare application pending	8.3	8.2	8.2	8.5
Non-Medicare	9.9	9.8	9.7	10.3
<b>Survey and Certification <sup>*6</sup></b>				
13q Date of last survey	01/03/2018			
13r Type of survey	Unknown			
13s Compliance condition after survey	Meets Requirements			
13t Number of CFC deficiencies cited	0	0.2	0.2	0.2
13u Number of Standard deficiencies cited	4	4.2	4.2	4.2

n/a = not applicable

[\*1] See *Guide, Section XVI*. Information based on data reported in EQRS as of May 2023. If missing, data were not available.

[\*2] Values are shown for the average facility.

[\*3] NPI obtained from EQRS as of March 2023. If missing, data were not available.

[\*4] LTC information obtained from CMS Form-3427 submitted during most recent survey.

[\*5] Values may not sum to exactly 100% because of unknown Medicare status.

[\*6] Data on this section are from the facility's latest survey since January 2009 according to information reported in QIES as of early June 2022. If your facility has not been surveyed since January 2009, facility-level data on this table will be missing.

# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 14: Selected Measures for Dialysis Patients under Age 18<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Patient Characteristics</b>								
14.1a	Patients treated on 12/31 (n)	7	6	6	6	n/a	n/a	
14.1c	Age (% of 14.1a; sums to 100%)							
	< 5	25.2	25.9	25.1	24.3	28.4	28.5	29.3
	5-9	14.2	14.3	14.6	12.1	13.7	14.0	14.6
	10-14	24.8	29.0	31.6	34.7	28.2	28.3	28.8
	15-17	35.8	30.8	28.8	28.9	29.8	29.2	27.2
14.1d	Female (% of 14.1a)	41.9	41.6	44.2	41.4	40.8	40.3	41.1
14.1e	Race (% of 14.1a; sums to 100%) <sup>*3</sup>							
	African American	29.8	27.6	28.8	27.1	31.6	32.3	29.9
	Asian/Pacific Islander	6.3	5.8	7.3	5.8	3.1	3.3	3.8
	Native American	0.5	0.8	0.7	2.0	2.1	2.0	2.1
	White	61.8	63.8	61.4	63.3	60.8	60.1	61.7
	Other/Unknown/Missing	1.5	2.1	1.7	1.8	2.3	2.3	2.4
14.1f	Ethnicity (% of 14.1a; sums to 100%)							
	Hispanic	26.4	29.1	28.1	28.6	24.6	25.3	26.8
	Non-Hispanic	73.5	70.8	71.4	70.9	75.0	74.3	72.7
	Unknown	0.0	0.1	0.5	0.6	0.4	0.5	0.5
14.1g	Cause of ESRD (% of 14.1a; sums to 100%)							
	Diabetes	2.1	2.3	2.4	0.6	1.7	1.8	1.8
	Hypertension	3.2	3.9	1.7	2.5	1.9	2.0	2.0
	Glomerulonephritis	29.6	27.6	33.3	32.1	30.5	30.6	29.8
	Cystic Kidney	29.3	30.7	29.9	32.7	32.7	33.5	33.5
	Congenital/Hereditary	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Hemolytic Uremic Syndrome	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other	31.4	30.6	27.3	26.7	25.4	25.0	25.6
	Unknown/Missing	4.3	4.9	5.3	5.3	7.8	7.2	7.2
14.1i	Years since start of ESRD (% of 14.1a; sums to 100%)							
	< 1	32.4	31.1	32.5	27.0	27.9	26.1	26.0
	1-2	22.7	25.7	19.7	24.7	24.0	25.1	23.8
	2-3	14.4	11.9	15.0	11.0	14.2	14.4	14.9
	3-6	13.7	14.0	17.0	17.9	17.4	17.9	18.6
	6+	16.8	17.2	15.8	19.4	16.5	16.6	16.7
14.1k	Modality (% of 14.1a; sums to 100%)							
	In-center hemodialysis	44.1	42.9	46.3	47.5	47.2	46.9	46.1
	Home hemodialysis	0.9	1.4	1.3	0.9	0.5	0.5	0.4
	Continuous ambulatory peritoneal dialysis	1.5	2.3	1.7	2.3	1.2	1.1	1.1
	Continuous cycling peritoneal dialysis	53.0	52.5	50.5	49.1	50.6	51.2	52.0
	Other modality <sup>*4</sup>	0.5	1.0	0.2	0.2	0.4	0.4	0.4

(continued)

# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 14 (cont.): Selected Measures for Dialysis Patients under Age 18<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Characteristics of New Dialysis Patients</b>								
14.2a	Total number of patients with forms (n)	4	3	3	3	n/a	n/a	n/a
14.2g	Medical coverage (% of 14.2a; sums to 100%)							
	Employer group only	23.9	18.5	22.3	21.7	18.4	18.6	18.8
	Medicare (alone or combined w/ other insurance)	3.6	2.7	0.9	3.3	19.4	18.9	20.8
	Medicaid only	56.5	61.5	58.4	57.4	47.5	47.6	45.5
	Other/Unknown/None	16.0	17.3	18.4	17.6	14.7	14.9	14.9
14.2k	Number of incident hemodialysis patients (n)	2	2	2	2	n/a	n/a	n/a
14.2l	Access used at first outpatient dialysis (% of 14.2k; sums to 100%)							
	Arteriovenous fistula	4.3	0.7	1.9	2.9	3.7	3.7	3.7
	Arteriovenous graft	0.4	0.5	0.0	0.4	0.9	0.9	1.0
	Catheter	95.2	98.6	98.1	96.7	95.4	95.4	95.3
	Other/Unknown/Missing	0.2	0.1	0.0	0.0	0.0	0.0	0.0
14.2m	Arteriovenous fistulae placed (% of 14.2k)	6.9	2.7	3.2	4.6	4.4	4.8	4.7
14.2s	Pre-ESRD nephrologist care (% of 14.2a; sums to 100%)							
	No	21.3	19.4	23.3	20.8	20.7	19.2	19.1
	Yes, < 6 months	25.1	22.1	19.6	25.6	24.3	24.1	25.9
	Yes, 6-12 months	13.2	18.5	17.6	14.2	15.8	15.5	14.8
	Yes, > 12 months	36.9	35.7	34.0	34.4	29.9	31.9	31.0
	Unknown	3.6	4.2	5.4	5.0	9.3	9.4	9.2
14.2t	Informed of transplant options (% of 14.2a)	88.3	90.7	93.2	95.2	90.6	91.0	91.1
<b>Death Rates</b>								
14.3a	Patients (n=number)	11	11	10	9	n/a	n/a	n/a
14.3b	Patient years (PY) at risk (n)	6.8	4.5	6.3	6.0	n/a	n/a	n/a
14.3c	Deaths (n)	0	0	0	0	n/a	n/a	n/a
<b>Days Hospitalized Statistics</b>								
14.4a	Medicare dialysis patients (n)	4	4	4	3	n/a	n/a	n/a
14.4b	Patient years (PY) at risk (n)	2.5	1.7	2.1	2.0	n/a	n/a	n/a
14.4c	Total days hospitalized (n)	41	24	32	31	n/a	n/a	n/a
<b>Admission Statistics</b>								
14.4i	Total admissions (n)	5	3	4	4	n/a	n/a	n/a
<b>Transplantation</b>								
14.5d	Eligible patients (n)	9	9	9	8	n/a	n/a	n/a
14.5e	Patient years (PY) at risk (n)	5.7	3.8	5.3	5.0	n/a	n/a	n/a
14.5f	First transplants (n) <sup>*5</sup>	3	2	3	2	n/a	n/a	n/a
<b>Waitlist</b>								
14.6a	Eligible patients (n)	12	11	11	10	n/a	n/a	n/a
14.6b	Eligible patients-months (n) <sup>*6</sup>	89	59	83	78	n/a	n/a	n/a
14.6c	Patients-months on the waitlist (% of 14.6b)	36.6	36.3	36.0	35.1	32.4	32.8	32.6
14.6d	Patient-months on the waitlist by age (%)							
	Age < 10	36.3	37.4	33.9	32.3	28.8	30.1	30.0
	Age 10-17	44.1	42.4	43.0	43.9	40.1	39.4	39.3

(continued)

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SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 14 (cont.): Selected Measures for Dialysis Patients under Age 18<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Hemoglobin</b>								
14.8a	Eligible hemodialysis (HD) patients (n)	5	4	5	4	n/a	n/a	n/a
14.8b	Eligible HD patient-months (n) <sup>*6</sup>	34	17	31	31	n/a	n/a	n/a
14.8c	Average hemoglobin <sup>*9</sup> (g/dL) (average of 14.8b)	10.7	10.8	10.7	10.7	10.8	10.8	10.8
14.8d	Hemoglobin categories (% of 14.8b; sums to 100%)							
	< 10 g/dL	25.5	23.2	23.7	22.6	22.2	21.2	21.8
	10-<11 g/dL	26.8	26.7	27.3	26.9	25.0	25.1	24.8
	11-12 g/dL	28.0	31.2	30.7	29.7	30.0	30.6	29.9
	> 12 g/dL	15.1	15.3	13.9	14.0	14.2	14.6	14.8
	Missing/Out of Range	4.5	3.6	4.4	6.7	8.6	8.4	8.7
14.8f	Eligible peritoneal dialysis (PD) patients (n)	6	5	5	5	n/a	n/a	n/a
14.8g	Eligible PD patient-months (n) <sup>*6</sup>	42	22	39	36	n/a	n/a	n/a
14.8h	Average hemoglobin <sup>*9</sup> (g/dL) (average of 14.8g)	10.8	10.9	10.9	11.0	10.8	10.8	10.8
14.8i	Hemoglobin categories (% of 14.8g; sums to 100%)							
	< 10 g/dL	27.6	24.3	23.8	21.8	25.0	25.1	25.1
	10-<11 g/dL	23.6	22.7	22.2	21.4	22.3	22.6	22.7
	11-12 g/dL	21.8	23.2	21.7	23.8	21.2	21.3	21.8
	> 12 g/dL	17.4	20.4	19.1	18.3	18.1	18.4	18.7
	Missing/Out of Range	9.5	9.5	13.2	14.6	13.4	12.6	11.6
<b>Albumin</b>								
14.9a	Eligible HD patients (n)	5	4	5	4	n/a	n/a	n/a
14.9b	Eligible HD patient-months (n) <sup>*6</sup>	34	17	31	31	n/a	n/a	n/a
14.9c	Average serum albumin (g/dL) (average of 14.9b)	4.0	4.0	4.0	4.0	4.0	4.0	4.0
14.9d	Serum albumin categories (% of 14.9b; sums to 100%)							
	< 3.0 g/dL	2.7	2.0	2.2	2.1	2.4	2.3	2.5
	3.0-<3.5 g/dL	7.2	6.4	6.9	6.7	7.7	7.8	8.5
	3.5-<4.0 g/dL	27.7	25.5	26.8	23.8	24.8	25.1	26.6
	>=4.0 g/dL	57.6	62.3	59.2	60.2	56.3	56.4	53.5
	Missing	4.8	3.7	4.8	7.1	8.9	8.5	8.8
14.9k	Eligible PD patients (n)	6	5	5	5	n/a	n/a	n/a
14.9l	Eligible PD patient-months (n) <sup>*6</sup>	42	22	39	36	n/a	n/a	n/a
14.9o	Average serum albumin (g/dL) (average of 14.9l)	3.7	3.7	3.7	3.7	3.7	3.7	3.7
14.9p	Serum albumin categories (% of 14.9l; sums to 100%)							
	< 3.0 g/dL	9.5	8.9	8.3	8.9	10.8	10.1	11.4
	3.0-<3.5 g/dL	17.1	15.4	15.9	15.1	16.6	16.8	17.5
	3.5-<4.0 g/dL	28.7	30.7	27.3	26.5	27.0	27.0	26.5
	>=4.0 g/dL	33.1	34.2	34.0	33.3	30.6	31.8	31.4
	Missing	11.7	10.8	14.5	16.2	15.0	14.3	13.2
<b>Kt/V<sup>*7</sup></b>								
14.9g	Eligible hemodialysis (HD) patients (n) <sup>*8</sup>	4	3	4	4	n/a	n/a	n/a
14.9h	Eligible HD patient-months (n) <sup>*6 *8</sup>	28	13	24	25	n/a	n/a	n/a
14.9j	HD: Kt/V >= 1.2 (% of 14.9h) <sup>*9</sup>	92.0	91.3	91.5	87.9	87.9	88.5	88.2
14.9n	PD: Kt/V >= 1.8 (% of 14.9l) <sup>*9 *10</sup>	65.4	73.4	76.0	72.4	73.5	74.5	74.6

(continued)



# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 14 (cont.): Selected Measures for Dialysis Patients under Age 18<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Vascular Access<sup>*11</sup></b>								
14.11a	Eligible hemodialysis (HD) patients (n)	6	4	5	5	n/a	n/a	n/a
14.11b	Eligible patient-months (n) <sup>*6</sup>	37	18	34	34	n/a	n/a	n/a
14.11c	Arteriovenous Fistula in use (%)	24.5	21.9	18.1	16.7	15.1	14.7	14.5
14.11g	Long-Term Catheter Rate	54.8	58.8	57.9	63.4	65.3	67.3	67.7

n/a = not applicable

[^] For exclusions due to data exceptions, please refer to corresponding parent table.

[\*1] See *Guide, Section XVII* corresponding to the parent table in the DFR.

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

[\*3] 'Asian' includes Indian sub-continent. 'Native American' includes Alaskan Native. 'White' includes Middle Eastern and Arab.

[\*4] Other modality includes other dialysis, uncertain modality, and patients not on dialysis but still temporarily assigned to the facility (discontinued dialysis, recovered renal function, and lost to follow-up).

[\*5] Among first transplants that occurred after the start of dialysis from 2019-2022, 3.2% of transplants in the U.S. were not included because the transplant occurred fewer than 90 days after the start of ESRD and 0.8% were not included because the patient was not assigned to a facility at time of transplant.

[\*6] A patient may be counted up to 12 times per year. Eligible patient-months for the waitlist summary include patients assigned to the facility on the last day of each month.

[\*7] Kt/V summaries are based on data reported in EQRS and include patients on HD (or PD) the entire month at the facility. Medicare claims are used if missing in EQRS.

[\*8] HD Kt/v summaries restricted to patients on thrice weekly in-center hemodialysis.

[\*9] Based on in-range values; see *Guide* for range values.

[\*10] PD Kt/V summaries select the most recent value collected within 6 months of the reporting month.

[\*11] Vascular Access type is based on data reported in EQRS. Patient months with a catheter that have limited life expectancy, including under hospice care in the current reporting month, or with metastatic cancer, end stage liver disease, coma or anoxic brain injury in the past 12 months, were excluded. 'Arteriovenous Fistula in use' includes patients with an autogenous arteriovenous (AV) fistula as the sole means of vascular access. 'Long-Term Catheter Rate' includes patients using a catheter continuously for three months or longer. Patients with other or missing access types (11c) are also counted as catheter in use in the numerator.

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# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 15: Selected Measures for Nursing Home (NH) Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Patient Characteristics</b>								
15.1a	Patients treated on 12/31 (n)	18	14	15	17	n/a	n/a	n/a
15.1c	Age (% of 15.1a; sums to 100%)							
	< 18	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	18-64	33.4	34.0	33.2	32.0	31.5	31.5	31.7
	65+	66.5	66.0	66.8	68.0	68.5	68.5	68.3
15.1d	Female (% of 15.1a)	48.6	48.1	48.6	48.1	48.0	47.9	48.2
15.1e	Race (% of 15.1a; sums to 100%) <sup>*3</sup>							
	African American	34.3	35.2	36.1	36.5	34.9	34.7	36.3
	Asian/Pacific Islander	4.8	4.6	4.7	4.9	4.6	4.8	4.2
	Native American	0.8	0.9	0.9	1.0	1.2	1.2	1.2
	White	59.9	59.1	58.2	57.4	59.1	59.0	58.1
	Other/Unknown/Missing	0.2	0.2	0.2	0.2	0.2	0.2	0.2
15.1f	Ethnicity (% of 15.1a; sums to 100%)							
	Hispanic	14.1	14.4	14.7	14.4	14.8	14.6	13.5
	Non-Hispanic	85.8	85.5	85.2	85.5	85.0	85.2	86.4
	Unknown	0.1	0.1	0.1	0.1	0.1	0.1	0.1
15.1g	Cause of ESRD (% of 15.1a; sums to 100%)							
	Diabetes	56.2	56.1	55.2	53.6	53.4	53.5	53.2
	Hypertension	27.8	28.0	27.7	28.6	28.4	28.3	28.8
	Glomerulonephritis	5.0	4.7	4.6	4.5	4.5	4.5	4.4
	Other	10.7	10.9	12.1	12.7	12.9	12.9	12.8
	Unknown/Missing	0.2	0.4	0.4	0.6	0.8	0.8	0.9
15.1i	Years since start of ESRD (% of 15.1a; sums to 100%)							
	< 1	21.7	19.9	21.8	21.2	21.3	21.3	21.3
	1-2	15.6	16.7	14.7	15.7	16.0	16.0	16.0
	2-3	12.3	12.2	12.8	11.5	11.6	11.6	11.7
	3-6	25.1	25.1	25.3	25.3	25.1	25.2	25.1
	6+	25.2	26.1	25.4	26.2	25.9	25.9	25.9
15.1k	Modality (% of 15.1a; sums to 100%)							
	In-center hemodialysis	95.4	94.8	94.3	94.4	92.8	92.9	92.4
	Home hemodialysis	1.6	2.3	2.9	3.6	4.8	4.8	5.2
	Continuous ambulatory peritoneal dialysis	0.3	0.3	0.2	0.1	0.2	0.2	0.2
	Continuous cycling peritoneal dialysis	2.1	1.8	1.8	1.7	1.9	1.9	1.9
	Other modality <sup>*4</sup>	0.6	0.8	0.8	0.3	0.3	0.3	0.3

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# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 15 (cont.): Selected Measures for Nursing Home (NH) Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Characteristics of New Dialysis Patients</b>								
15.2a	Total number of patients with forms (n)	7	6	6	6	n/a	n/a	n/a
15.2g	Medical coverage (% of 15.2a; sums to 100%)							
	Employer group only	3.1	3.1	2.1	2.1	2.1	2.0	2.0
	Medicare (alone or combined w/ other insurance)	81.5	81.5	82.0	83.7	84.8	84.8	85.0
	Medicaid only	10.3	10.0	9.9	9.3	8.3	8.3	8.0
	Other/Unknown/None	5.1	5.3	5.9	4.9	4.9	4.9	5.0
15.2k	Number of incident hemodialysis patients (n)	7	6	6	6	n/a	n/a	n/a
15.2l	Access used at first outpatient dialysis (% of 15.2k; sums to 100%)							
	Arteriovenous fistula	8.2	6.9	6.2	6.6	6.2	6.2	6.0
	Arteriovenous graft	2.7	2.4	2.0	2.7	2.3	2.2	2.1
	Catheter	87.1	89.1	89.9	88.5	89.1	89.1	89.3
	Other/Unknown/Missing	2.0	1.6	1.9	2.3	2.4	2.4	2.5
15.2m	Arteriovenous fistulae placed (% of 15.2k)	19.8	16.9	15.0	14.8	14.1	14.2	13.8
15.2s	Pre-ESRD nephrologist care (% of 15.2a; sums to 100%)							
	No	19.0	19.4	18.3	17.5	17.5	17.4	17.2
	Yes, < 6 months	19.9	20.5	20.7	21.5	21.4	21.5	21.4
	Yes, 6-12 months	19.4	17.0	18.1	16.9	16.0	15.9	15.9
	Yes, > 12 months	24.5	23.4	21.6	22.9	21.2	21.2	21.0
	Unknown	17.1	19.6	21.5	21.2	23.9	24.0	24.5
15.2t	Informed of transplant options (% of 15.2a)	79.8	78.9	85.8	88.2	87.2	87.1	87.5
<b>Mortality summary for all NH dialysis</b>								
15.3a	Patients (n)	30	26	26	29	n/a	n/a	n/a
15.3b	Patient years (PY) at risk (n)	18.6	10.6	16.1	17.2	n/a	n/a	n/a
15.3c	Deaths (n)	7	5	7	7	n/a	n/a	n/a
15.3d	Expected deaths (n)	6.3	4.3	6.3	6.2	n/a	n/a	n/a
15.3c/15.3b	Rate (deaths per 100 PYs at risk)	40.4	48.5	43.4	38.8	42.6	42.6	45.1
15.3h	SMR (deaths/expected deaths)	1.22	1.17	1.11	1.09	1.19	1.19	1.25
15.3e	Withdrawal from dialysis prior to death (% of 15.3c)	33.5	28.8	25.2	25.4	26.3	26.6	25.7
<b>Hospitalization summary for NH Medicare dialysis patients</b>								
15.4a	Medicare dialysis patients (n)	27	24	24	26	n/a	n/a	n/a
15.4b	Patient years (PY) at risk (n)	16.6	9.5	14.4	15.4	n/a	n/a	n/a
15.4i	Total admissions (n)	52	28	41	42	n/a	n/a	n/a
15.4j	Expected total admissions (n)	35.2	20.0	27.6	29.3	n/a	n/a	n/a
15.4i/15.4b	Rate (admissions per 100 PYs at risk)	315.5	303.2	289.2	277.4	281.9	280.8	288.5
15.4k	SHR (admissions/expected admissions)	1.55	1.49	1.55	1.49	1.51	1.51	1.53
15.4o	Diagnoses associated with hospitalization (% of 15.4a)							
	Septicemia	25.1	27.4	25.1	24.8	25.2	25.1	22.4
	Acute myocardial infarction	10.5	11.8	12.3	12.4	12.5	12.4	10.9
	Congestive heart failure	48.6	49.7	48.2	49.5	49.2	49.1	44.6
	Cardiac dysrhythmia	35.1	36.4	35.6	35.4	35.6	35.5	31.9
	Cardiac arrest	3.9	4.6	4.7	4.2	4.3	4.3	3.9

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# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 15 (cont.): Selected Measures for Nursing Home (NH) Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2022			
	2019	2020 <sup>^</sup>	2021	2022	State	Network	U.S.	
<b>Comorbidities reported on Medicare claims</b>								
15.12a	Medicare dialysis patients on 12/31 (n)	16	13	13	15	n/a	n/a	n/a
15.12b	Comorbidity (% yes of 15.12a)							
<b>Infections</b>								
	AIDS/HIV positive	0.9	1.1	1.1	1.1	1.0	1.0	1.1
	Intravascular/implanted device-related <sup>*7</sup>	8.8	8.4	8.7	8.9	8.7	8.6	9.0
	Hepatitis B	0.9	0.9	0.8	0.9	0.9	0.9	0.9
	Hepatitis other	4.0	4.0	3.6	3.4	3.3	3.3	3.3
	Metastatic	3.8	3.8	3.8	4.4	4.2	4.2	4.4
	Pneumonia	12.3	9.8	9.6	9.9	9.8	9.7	10.2
	Tuberculosis	0.2	0.4	0.3	0.3	0.3	0.3	0.3
	Other	41.0	42.3	40.7	41.3	41.1	41.0	41.9
<b>Cardiovascular</b>								
	Cardiac arrest	2.2	2.5	2.6	2.3	2.4	2.4	2.6
	Cardiac dysrhythmia	37.9	39.4	39.7	41.0	40.7	40.6	40.8
	Cerebrovascular disease	18.5	19.4	19.3	19.8	19.6	19.6	20.1
	Congestive heart failure	55.0	56.9	55.8	57.9	57.8	57.6	58.2
	Ischemic heart disease	48.9	49.7	49.0	48.6	48.5	48.3	48.6
	Myocardial infarction	12.0	13.7	14.5	15.4	15.3	15.3	15.6
	Peripheral vascular disease <sup>*7</sup>	36.0	37.1	37.0	36.5	36.9	36.8	37.3
<b>Anemia<sup>*8</sup></b>								
15.8a	Eligible adult HD patients (n)	27	18	24	27	n/a	n/a	n/a
15.8b	Eligible adult HD patient-months (n) <sup>*5</sup>	205	84	177	189	n/a	n/a	n/a
15.8d	Hemoglobin (HD) < 10 g/dL (% of 15.8b)	30	30	31	31	30.4	30.3	30.5
15.8e	ESA prescribed (% of 15.8b)	80	80	80	80	79.2	79.1	79.2
15.8f	Eligible adult PD patients (n)	1	1	1	1	n/a	n/a	n/a
15.8g	Eligible adult PD patient-months (n) <sup>*5</sup>	6	2	5	5	n/a	n/a	n/a
15.8i	Hemoglobin (PD) < 10 g/dL (% of 15.8g)	32	27	29	28	28.8	28.7	28.5
15.8j	ESA prescribed (% of 15.8g)	62	59	59	59	55.7	55.8	55.7
<b>Dialysis Adequacy<sup>*8 *9</sup></b>								
15.9a	Eligible adult HD Kt/V patients (n)	26	17	23	25	n/a	n/a	n/a
15.9b	Eligible adult HD Kt/V patient-months (n) <sup>*5</sup>	197	80	167	179	n/a	n/a	n/a
15.9k	Kt/V (HD) < 1.2 (% of 15.9b)	2	2	2	3	2.7	2.7	2.7
15.9l	Eligible adult PD Kt/V patients (n)	1	0	1	1	n/a	n/a	n/a
15.9m	Eligible adult PD Kt/V patient-months (n) <sup>*5</sup>	6	1	5	5	n/a	n/a	n/a
15.9o	Kt/V (PD) < 1.7 (% of 15.9m)	11	9	11	11	9.2	9.1	8.9
<b>Vascular Access<sup>*8 *10</sup></b>								
15.11a	Prevalent adult hemodialysis patients (n)	29	19	26	28	n/a	n/a	n/a
15.11b	Prevalent adult hemodialysis patient months (n) <sup>*5</sup>	215	87	184	197	n/a	n/a	n/a
15.11c	Arteriovenous fistula in use (% of 15.11b)	51.5	48.9	48.7	47.2	47.8	47.8	47.4
15.11g	Long-Term Catheter Rate	18.3	22.8	22.0	23.7	23.3	23.2	23.4

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# Dialysis Facility Report for Fiscal Year 2024

SAMPLE Dialysis Facility State: XX Network: 99 CCN: SAMPLE

**TABLE 15 (cont.): Selected Measures for Nursing Home (NH) Dialysis Patients<sup>\*1</sup>, 2019-2022<sup>^</sup>**

n/a = not applicable; Kt/V: K = dialyzer clearance of urea; t = dialysis time; V = patient's total body water.

[^] For exclusions due to data exceptions, please refer to corresponding parent table.

[\*1] See *Guide, Section XVIII* corresponding to the parent table in the DFR.

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

[\*3] 'Asian' includes Indian sub-continent. 'Native American' includes Alaskan Native. 'White' includes Middle Eastern and Arab.

[\*4] Other modality includes other dialysis, uncertain modality, and patients not on dialysis but still temporarily assigned to the facility (discontinued dialysis, recovered renal function, and lost to follow-up).

[\*5] A patient may be counted up to 12 times per year.

[\*6] Deaths due to street drugs and accidents unrelated to treatment are excluded.

[\*7] Intravascular/implanted device-related category includes bloodstream and other infections related to intravascular access and other implanted devices, not limited to dialysis access. Peripheral vascular disease includes venous, arterial and nonspecific peripheral vascular diseases.

[\*8] Summaries are based on data reported in EQRS and the patient must be on HD (or PD) for the entire reporting month to be included in patient counts and summaries.

[\*9] Summaries are supplemented with Medicare claims if missing in EQRS. HD Kt/V summaries are restricted to patients who dialyze thrice weekly. The PD summaries use the most recent value over a 4-month look-back period.

[\*10] Patient months with a catheter that have limited life expectancy, including under hospice care in the current reporting month, or with metastatic cancer, end stage liver disease, coma or anoxic brain injury in the past 12 months, were excluded. Other or missing access types are counted as catheter in use in the numerator. LTCR includes patients using a catheter continuously for three months or longer.

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