Quarterly Dialysis Facility Care Compare on Medicare.gov - Preview Report for January 2027 Refresh

- **This Quarterly DFCC Preview Report includes data specific to CCN(s): XXXXXX**

- **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 Care Compare (DFCC) website (https://www.medicare.gov/care-compare/).

- **Overview**

This report was created for all Medicare certified dialysis facilities that were open as of July 15, 2026. The measures included in the report are based primarily on Medicare-paid dialysis claims, the End Stage Renal Disease Quality Reporting System (EQRS), and other data collected for CMS. This report contains 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 Care Compare Preview" will be reported on the DFCC website and available in the DFCC downloadable databases at https://data.medicare.gov/provider-data/ in January 2027.

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 Care Compare Report* and *Technical Notes on the Dialysis Facility Quality of Patient Care Star Rating Methodology*, available on the DialysisData website at www.dialysisdata.org.

- **What's New This Quarter**

The standardized ratio measures reported in Table 1 (Standardized Mortality Ratio (SMR), Standardized Hospitalization Ratio (SHR), Standardized Readmission Ratio (SRR), Standardized Transfusion Ratio (STrR), First Year Standardized Kidney Transplant Waitlist Ratio (FYSWR), Standardized Emergency Department Encounter Ratio (SEDR), Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30), and Standardized Modality Switch Ratio (SMoSR) have not been updated this quarter, continuing to report data from 2022-2025 for SMR, 2022-2024 for FYSWR and SMoSR, 2024-2025 for ED30, and 2025 for SHR, SRR, STrR and SEDR. The Standardized Fistula Rate (SFR) and Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW) have been updated, using data from April 2025 - March 2026.

The Standardized Infection Ratio reported in Table 2 has not been updated this quarter, continuing to report data from 2025. Healthcare Personnel (HCP) COVID-19 Vaccination has been updated using data from January - March 2026. These measures are supported and calculated by the Centers for Disease Control and Prevention (CDC) using data from the National Healthcare Safety Network (NHSN).

Note: The HCP COVID-19 Vaccination measure will be removed from the DFCC website beginning this quarter.

The quarterly measures in Table 3 (hemoglobin) and Table 4 (hypercalcemia, serum phosphorus concentrations, hyperphosphatemia, Kt/V, long-term catheter rate, and nPCR) have been updated, using data from April 2025 - March 2026.

ICH CAHPS patient experience of care measures in Table 5 have not been updated this quarter, continuing to report data from Spring 2025 and Fall 2025.

The DFCC quality of patient care star rating has not been updated this quarter.

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- **How to Submit Comments**

This preview period will be held during **November 1 - 15, 2026**. During the 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 DFCC website. Please contact us directly at dialysisdata@umich.edu with your comments and questions.

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

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Quarterly Dialysis Facility Care Compare Preview

The following table displays measures for this facility as they will appear on the DFCC website. Please refer to Table 1 for more information on death, hospitalization (admissions and readmissions), emergency department encounters, transfusion, fistula rate, transplant waitlist ratio, percentage of patients waitlisted, or modality change; 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 EQRS; Table 5 for patient experience of care; and Table 6 for the quality of patient care star rating calculation. The Standardized Mortality, Hospitalization, Readmission, Emergency Department Encounters, Transfusion, First Waitlist, Modality Switch, Infection Rates/Ratios, and the quality of patient care star rating 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.

	Measure Name	This Facility
1	**Quality of Patient Care Star Rating (Table 6)**	★★★☆☆ **Average**
2	**Quality of Patient Care Table**	
	Preventing hospitalizations and deaths (Table 1)	
2.1	Frequency of patient death [*1] (2022-2025)	**21.1 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**14.3, 32.2**
	Classification Category [*2]	**As Expected**
	Number of included patients	**537**
2.2	Frequency of hospital admission [*1] (2025)	**125.8 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**87.5, 193.7**
	Classification Category [*2]	**As Expected**
	Number of included patients	**116**
2.3	Frequency of hospital readmission [*1] (2025, percentage of hospital discharges)	**10.8%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**4.4% , 20.2%**
	Classification Category [*2]	**As Expected**
	Number of hospital discharges	**89**
	Preventing emergency department encounters (Table 1)	
2.4	Emergency department encounters (2025)	**0.92**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.57, 1.76**
	Classification Category [*2]	**As Expected**
	Number of included patients	**66**
2.5	Emergency department encounters within 30 days of hospitalization (2024-2025)	**1.31**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.68, 2.21**
	Classification Category [*2]	**As Expected**
	Number of index hospital discharges	**96**
	Preventing unnecessary transfusions (2025, Table 1)	
2.6	Rate of Transfusions [*1]	**26.0 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**11.6, 73.2**
	Classification Category [*2]	**Worse than Expected**
	Number of included patients	**59**

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Quarterly Dialysis Facility Compare Preview (continued):

	Measure Name	This Facility
	Transplant waitlist (Table 1)	
2.7	Transplant waitlist within a year of dialysis initiation (2022-2024)	**0.35**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.04, 1.26**
	Classification Category *4	**As Expected**
	Number of included patients	**70**
2.8	Patients who were on the kidney or kidney-pancreas transplant waiting list *3 (Apr 2025 - Mar 2026)	**23.4%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**12.2%, 40.1%**
	Classification Category	**As Expected**
	Number of included patients	**120**
	Modality switch (2022-2024, Table 1)	
2.9	Modality switch ratio within a year of dialysis initiation	**1.20**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.07, 2.23**
	Classification Category *4	**As Expected**
	Number of included patients	**38**
	Preventing bloodstream infections (2025, Table 2)	
2.10	Preventing bloodstream infections: Standardized Infection Ratio	**0.87**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.22, 2.38**
	Classification Category *2	**As Expected**
	Using the most effective access to the bloodstream *3 (April 2025 - March 2026)	
2.11	Rate of fistula (Table 1)	**61.9%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**43.0%, 79.4%**
	Classification Category *4	**As Expected**
	Number of included patients	**108**
2.12	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)	**16%**
	Removing waste from blood and nutritional status *3 (April 2025 - March 2026, Table 4)	
2.13	Adult patients who had enough waste removed from their blood during hemodialysis	**97%**
2.14	Adult patients who had enough waste removed from their blood during peritoneal dialysis	**90%**
2.15	Children who had enough waste removed from their blood during hemodialysis	**Not Available**
2.16	Children who had enough waste removed from their blood during peritoneal dialysis	**Not Available**
2.17	Children who had a monthly normalized protein catabolic rate (nPCR) measured during in-center hemodialysis	**Not Available**
	Keeping a patient's bone mineral levels in balance *3 (April 2025 - March 2026, Table 4)	
2.18	Adult patients who had too much calcium in their blood	**2%**
2.19	Adult patients who had too much phosphorus in their blood	**25%**

3	Survey of Patients' Experiences Table *5 (Spring 2025 - Fall 2025, Table 5)	% of Always (Yes) Responses	Star Rating
3.1	Kidney doctors' communication and caring	**67%**	★★★★☆
3.2	Dialysis center staff care and operations	**65%**	★★★☆☆
3.3	Providing information to patients	**86%**	★★★★☆
3.4	Rating of kidney doctors	**69%**	★★★★☆
3.5	Rating of dialysis center staff	**79%**	★★★★★
3.6	Rating of dialysis facility	**83%**	★★★★★
3.7	Overall star rating	**n/a**	★★★★☆

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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 22.2, 137.6, 26, 33.3, respectively. Calculation of rates using values in the report may not equal actual rates shown due to rounding of values.

[2] This classification is based on the measure ratio, not the rate. If the facility SMR, SHR, SRR, SEDR, ED30, STrR, or SIR is less than 1.00 and statistically significant ($p<0.05$), the classification is "Better than Expected". 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 DFCC. Please note that the SMR is not reported on DFCC if it is based on fewer than 3 expected deaths. Similarly, the SHR and SEDR are not reported if the ratio is based on fewer than 5 patient years at risk; the SRR and ED30 are not reported if your facility experienced fewer than 11 index discharges; the STrR is not reported if the ratio is based on fewer than 10 patient years at risk; the SMoSR is not reported if there is less than 1 expected modality switches; and 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 DFCC.

[4] If the facility SMoSR, SFR or FYSWR is greater than 1.00 (or the national rate) and statistically significant ($p<0.05$), the classification is "Better than Expected". If the rate is less than 1.00 (or the national rate) and statistically significant ($p<0.05$), the classification is "Worse than Expected". The classification is "Not Available" if a facility has fewer han 11 eligible adult HD patients for SFR; fewer than 11 patients or less than 2 expected events for FYSWR; and the SMoSR is not reported if there is less than 1 expected modality switches. Otherwise, the classification is "As Expected" on DFCC.

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

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TABLE 1: Mortality, Hospitalization, Readmission, Emergency Department Encounters, and Transfusion Summaries for Medicare Dialysis Patients; Modality Switch, Fistula Use and Transplant Waitlist Summary for All Dialysis Patients [*1]

The mortality summaries include all Medicare dialysis patients treated at your facility during 2022-2025. The hospital admission, emergency department encounters, and transfusion summaries include all Medicare dialysis patients treated at your facility in 2025. The hospital readmission and emergency department encounters within 30 days of hospitalization summaries include all Medicare-covered hospitalizations that ended in 2025 and 2024-2025, respectively, for all patients in your facility. The modality switch summary includes all eligible incident ESRD dialysis patients, not restricted to Medicare beneficiaries, who were treated at your facility during 2022-2024. The fistula use summaries include all adult hemodialysis patients treated at your facility during April 2025 - March 2026. The transplant waitlist summaries include incident dialysis patients who are younger than 75 years old treated at your facility during 2022-2024. The transplant waitlist percent summaries include dialysis patients who are younger than 75 years old treated at your facility during April 2025 - March 2026. State and national averages are included to allow for comparisons.

			Regional Averages [*2], per Year	
	Measure Name	**This Facility**	**State** [*8]	**U.S.**
	Standardized Mortality Ratio (SMR)	**2022-2025**	**2022-2025**	**2022-2025**
1a	Medicare patients (n) [*3]	537	79.4	72.4
1b	Patient-years at risk (n)	365.7	52.0	43.5
1c	Deaths (n) [*3]	65	10.3	9.7
1d	Expected deaths (n) [*3]	68.5	10.3	9.7
1e	Standardized Mortality Ratio [*4]	0.95	1.00	1.00
	Lower Confidence Limit [*5] (2.5%)	0.64	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	1.45	n/a	n/a
1f	P-value [*6]	0.970	n/a	n/a
1g	Mortality Rate (per 100 patient-years) [*7]	21.1	n/a	22.2
	Lower Confidence Limit [*5] (2.5%)	14.3	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	32.2	n/a	n/a
	Standardized Hospitalization Ratio (SHR): Admissions	**2025**	**2025**	**2025**
1h	Medicare patients (n)	116	77.9	67.8
1i	Patient-years at risk (n)	86.4	54.9	46.5
1j	Total admissions (n)	102	64.3	62.4
1k	Expected total admissions (n)	111.5	72.7	63.5
1l	Standardized Hospitalization Ratio (Admissions) [*4]	0.91	0.88	1.00
	Lower Confidence Limit [*5] (2.5%)	0.64	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	1.41	n/a	n/a
1m	P-value [*6]	0.786	n/a	n/a
1n	Hospitalization Rate (per 100 patient-years) [*7]	125.8	n/a	137.6
	Lower Confidence Limit [*5] (2.5%)	87.5	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	193.7	n/a	n/a
	Standardized Readmission Ratio (SRR)	**2025**	**2025**	**2025**
1o	Index discharges (n)	89	61.6	59.3
1p	Total readmissions (n)	8	14.7	15.4
1q	Expected total readmissions (n)	19.3	16.0	15.7
1r	Standardized Readmission Ratio [*4]	0.41	0.96	1.04
	Lower Confidence Limit [*5] (2.5%)	0.17	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	0.77	n/a	n/a
1s	P-value [*6]	<0.01	n/a	n/a
1t	Readmission Rate (Percentage of hospital discharges) (%) [*7]	10.8	n/a	26.0
	Lower Confidence Limit [*5] (2.5%)	4.4	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	20.2	n/a	n/a

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(continued)

TABLE 1: Mortality, Hospitalization, Readmission, Emergency Department Encounters, and Transfusion Summaries for Medicare Dialysis Patients; Modality Switch, Fistula Use and Transplant Waitlist Summary for All Dialysis Patients [*1] (continued)

			Regional Averages [*2], per Year	
	Measure Name	**This Facility**	**State [*8]**	**U.S.**
	Standardized Transfusion Ratio (STrR)	**2025**	**2025**	**2025**
1u	Adult Medicare Patients (n)	59	35.6	32.8
1v	Patient-years at risk (n)	37.2	21.4	19.5
1w	Total transfusions (n)	9	7.2	6.2
1x	Expected total transfusions (n)	11.5	7.0	6.4
1y	Standardized Transfusion Ratio [*4]	0.78	1.01	1.00
	Lower Confidence Limit [*5] (2.5%)	0.35	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	2.20	n/a	n/a
1z	P-value [*6]	0.774	n/a	n/a
1aa	Transfusion Rate (per 100 patient-years) [*7]	26.0	n/a	33.3
	Lower Confidence Limit [*5] (2.5%)	11.6	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	73.2	n/a	n/a
	Standardized Fistula Rate (SFR)	**Apr 2025 - Mar 2026**	**Apr 2025 - Mar 2026**	**Apr 2025 - Mar 2026**
1ab	Eligible adult HD patients (n)	108	82.0	74.1
1ac	Patient-months at risk (n)	1,001	706.6	623.5
1ad	Total fistula-months (n)	641	427.6	367.4
1ae	Standardized Fistula Rate (%) [*4]	61.9	60.1	58.7
	Lower Confidence Limit [*5] (2.5%)	43.0	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	79.4	n/a	n/a
1af	P-value [*6]	0.793	n/a	n/a
	First Year Standardized Kidney Transplant Waitlist Ratio (FYSWR)	**2022-2024**	**2022-2024**	**2022-2024**
1ag	Eligible patients (n) [*3]	70	11.2	10.0
1ah	Patient-years at risk (n)	56.4	9.0	8.0
1ai	Transplant waitlist events or receipt of a living-donor transplant (n) [*3]	2	0.8	0.8
1aj	Expected number of transplant waitlist or living-donor transplant events (n) [*3]	5.7	0.9	0.8
1ak	Standardized Waitlist Ratio [*4]	0.35	0.90	1.00
	Lower Confidence Limit [*5] (2.5%)	0.04	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	1.26	n/a	n/a
1al	P-value [*6]	0.149	n/a	n/a
	Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW)	**Apr 2025 - Mar 2026**	**Apr 2025 - Mar 2026**	**Apr 2025 - Mar 2026**
1am	Eligible patients (n)	120	73.4	63.6
1an	Patient-months at risk (n)	1,071	622.5	532.0
1ao	Total waitlisted months (n)	259	93.1	90.4
1ap	Percentage of prevalent patients waitlisted (%) [*4]	23.4	14.4	16.4
	Lower Confidence Limit [*5] (2.5%)	12.2	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	40.1	n/a	n/a
1aq	P-value [*6]	0.273	n/a	n/a

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TABLE 1: Mortality, Hospitalization, Readmission, Emergency Department Encounters, and Transfusion Summaries for Medicare Dialysis Patients; Modality Switch, Fistula Use and Transplant Waitlist Summary for All Dialysis Patients [*1](continued)

			Regional Averages [*2], per Year	
	Measure Name	**This Facility**	**State [*8]**	**U.S.**
	Standardized Emergency Department Encounter Ratio (SEDR)	**2025**	**2025**	**2025**
1ar	Medicare patients (n)	66	42.4	39.4
1as	Patient-years at risk (n)	48.7	28.0	25.4
1at	Emergency department events (n)	63	40.2	35.3
1au	Expected number of emergency department events (n)	68.1	40.7	36.0
1av	Standardized Emergency Department Ratio [*4]	0.92	0.99	0.99
	Lower Confidence Limit [*5] (2.5%)	0.57	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	1.76	n/a	n/a
1aw	P-value [*6]	0.994	n/a	n/a
	Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30)	**2024-2025**	**2024-2025**	**2024-2025**
1ax	Index hospital discharges (n) [*3]	96	66.8	63.2
1ay	Total ED visits within 30 days of hospital discharge (n) [*3]	18	11.2	9.2
1az	Expected total ED visits within 30 days of hospital discharge (n) [*3]	13.7	10.2	9.6
1ba	Standardized ED visits within 30 days of hospital discharge [*4]	1.31	1.14	1.03
	Lower Confidence Limit [*5] (2.5%)	0.68	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	2.21	n/a	n/a
1bb	P-value [*6]	0.397	n/a	n/a
	Standardized Modality Switch Ratio (SMoSR) for Incident Dialysis Patients	**2022-2024**	**2022-2024**	**2022-2024**
1bc	Eligible patients (n) [*3]	38	22.1	15.3
1bd	Patient-years at risk (n) [*3]	30.0	16.4	10.9
1be	Number of modality switches (n) [*3]	3	1.0	0.9
1bf	Expected number of modality switches (n) [*3]	2.5	1.3	0.9
1bg	Standardized Modality Switch Ratio [*4]	1.20	0.74	1.00
	Lower Confidence Limit [*5] (2.5%)	0.07	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	2.23	n/a	n/a
1bh	P-value [*6]	0.744	n/a	n/a

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n/a = not applicable
[1] See *Guide, Section V*.
[2] Values are shown for the average facility, annualized, except for ED30.
[3] Sum of 4 years (SMR), 2 years (ED30), or 3 years (FYSWR and SMoSR) used for calculations; should not be compared to regional averages.
[4] Calculated as an adjusted rate of fistula use, an adjusted percentage of patients waitlisted, or a ratio of observed deaths/admissions/readmissions/emergency department encounters/transfusions/transplants waitlisted/modality switches to expected deaths/admissions/readmissions/emergency department encounters/transfusions/transplants waitlisted/modality switches (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, 1at to 1au for emergency department encounters, 1ay to 1az for emergency department encounters within 30 days of hospital discharge, 1be to 1bf for modality switch). Not shown if there are fewer than 3 expected deaths for SMR, fewer than 5 patient-years at risk for SHR and SEDR, fewer than 11 index discharges for SRR and ED30, fewer than 10 patient years at risk for STrR, fewer than 11 eligible adult HD patients for SFR, fewer than 2 expected waitlisted events or fewer than 11 eligible patients for FYSWR, fewer than 11 eligible patients for PPPW, or less than 1 expected modality switches for SMoSR, respectively.
[5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR, SEDR, ED30, STrR, SFR, FYSWR, PPPW, and SMoSR due to random variation.
[6] A p-value less than 0.05 indicates that the difference between the observed and expected deaths/admissions/readmissions/emergency department encounters/transfusions/transplant waitlistings/modality switches, 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 22.2, 137.6, 26, 33.3, respectively. Calculation of rates using values in the report may not equal actual rates shown due to rounding of values.
[8] State values not reported when < 3 Medicare-certified dialysis facilities exist in the state.

TABLE 2: Facility Bloodstream Infection Summary for Hemodialysis Patients and Healthcare Personnel COVID-19 Vaccination Measure Rate based on National Healthcare Safety Network (NHSN) [*1]

			Regional Averages [*2]	
	Measure Name	**This Facility**	**State**	**U.S.**
	Standardized Infection Ratio (SIR)	**2025**	**2025**	**2025**
2a	Eligible patient-months (n)	396	n/a	n/a
2b	Observed bloodstream infections (n)	3	n/a	n/a
2c	Predicted bloodstream infections (n)	3.4	n/a	n/a
2d	Standardized Infection Ratio [*3]	0.87	n/a	n/a
	Lower Confidence Limit [*4] (2.5%)	0.22	n/a	n/a
	Upper Confidence Limit [*4] (97.5%)	2.38	n/a	n/a
	Healthcare Personnel COVID-19 Vaccination	**Jan - Mar 2026**	**Jan - Mar 2026**	**Jan - Mar 2026**
2e	Number of healthcare workers eligible to receive vaccination	22	1,325	87,648
2f	Number of healthcare workers contributing towards successful vaccination adherence	19	1,012	73,583
2g	Healthcare worker vaccination adherence percentage [*5]	88.0	82.5	84.1
	Lower Confidence Limit [*4] (2.5%)	83.3	81.2	81.6
	Upper Confidence Limit [*4] (97.5%)	92.6	84.1	86.9

[1] See *Guide, Section VI.*
[2] Total counts are shown in items 2e-f; regional averages in 2g.
[3] Calculated as a ratio of observed infections to expected infections (2b to 2c); not shown if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.
[4] The confidence interval range represents uncertainty in the value of the measures due to random variation.
[5] Calculated as a percentage of healthcare worker vaccination adherence (2f divided by 2e).

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TABLE 3: Facility Hemoglobin for Medicare Dialysis Patients based on Medicare Dialysis Claims [*1]

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 DFCC. This measure is based on all Medicare dialysis claims reported under the CCN(s) included in this report.

		This Facility					Regional Averages [*2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State	U.S.
	Measure Name	Apr'25--Jun'25	Jul'25--Sep'25	Oct'25--Dec'25	Jan'26--Mar'26	Apr'25--Mar'26	Apr'25--Mar'26	Apr'25--Mar'26
	Hemoglobin [*3]							
3a	Eligible patients (n)	23	31	38	40	31	24.8	24.4
3b	Hemoglobin < 10g/dL (% of 3a)	26.1	22.6	34.2	32.5	16.1	17.4	20.8
3c	Hemoglobin > 12g/dL (% of 3a)	0.0	3.2	2.6	10.0	0.0	0.4	0.4

[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.
[4] State values not reported when < 3 Medicare-certified dialysis facilities exist in the state.

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TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long-Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on EQRS [*1]

One-year state and national averages are included to allow for comparisons. The quarterly values are provided in order to allow you to evaluate facility time trends and will not appear on DFCC. These measures are based on EQRS data.

		This Facility					Regional Averages [*2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State [*9]	U.S.
	Measure Name	Apr'25-Jun'25	Jul'25-Sep'25	Oct'25-Dec'25	Jan'26-Mar'26	Apr'25-Mar'26	Apr'25-Mar'26	Apr'25-Mar'26
	Hypercalcemia							
4a	Eligible adult patients (n)	115	109	106	98	132	86.5	78.3
4b	Eligible adult patient-months (n) [*3]	321	313	295	282	1,211	756.2	668.5
4c	Uncorrected serum or plasma calcium >10.2 mg/dL (%) [*8]	1.9	1.3	2.0	2.1	1.8	1.0	2.0
	Serum Phosphorus Concentrations							
4d	Eligible adult patients (n)	115	114	107	104	138	91.4	82.2
4e	Eligible adult patient-months (n) [*3]	320	314	299	283	1,216	785.0	687.1
4f	Serum phosphorus categories (%, sums to 100%)							
	<3.5 mg/dL	5.9	5.1	8.0	6.0	6.3	7.7	7.8
	3.5-4.5 mg/dL	29.7	30.3	27.8	22.3	27.6	21.9	23.6
	4.6-5.5 mg/dL	32.5	32.2	30.1	31.4	31.6	27.9	29.3
	5.6-7.0 mg/dL	17.5	18.8	21.4	25.4	20.6	24.4	23.0
	>7.0 mg/dL	14.4	13.7	12.7	14.8	13.9	18.1	16.2
	Hyperphosphatemia							
4g	Eligible adult patients (n)	48	48	49	49	63	63.4	63.4
4h	Eligible adult patient-months (n) [*3]	134	135	136	137	543	542.0	542.7
4i	Average phosphorus >= 6.5 mg/dL (%) [*8]	24.9	25.6	25.8	25.2	25.4	25.4	24.8

(continued)

SAMPLE

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long-Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on EQRS [*1] (continued)

		This Facility					Regional Averages [*2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State [*9]	U.S.
	Measure Name	Apr'25-Jun'25	Jul'25-Sep'25	Oct'25-Dec'25	Jan'26-Mar'26	Apr'25-Mar'26	Apr'25-Mar'26	Apr'25-Mar'26
	Kt/V [*4]							
4j	Eligible adult hemodialysis (HD) patients (n) [*5]	89	82	78	72	99	74.2	68.0
4k	Eligible adult HD patient-months (n) [*3] [*5]	245	235	216	204	900	643.3	573.4
4l	Eligible patient-months with Kt/V missing or out of range (n)	1	2	3	4	10	6.7	10.9
4m	Adult HD: Kt/V >=1.2 (% of 4h)	97.6	97.4	97.2	97.5	97.4	97.0	96.2
4n	Eligible adult peritoneal dialysis (PD) patients (n)	21	20	20	19	27	25.8	23.1
4o	Eligible adult PD patient-months (n) [*3]	56	57	56	53	222	196.5	178.4
4p	Eligible patient-months with Kt/V missing or out of range (n)	0	1	3	0	4	2.5	6.0
4q	Adult PD: Kt/V >=1.7 (% of 4l) [*6]	91.1	96.5	89.3	81.1	89.6	93.9	91.3
4r	Eligible HD pediatric patients (n) [*5]	0	1	2	2	2	n/a	n/a
4s	Eligible HD pediatric patient-months (n) [*3] [*5]	.	1	4	6	11	n/a	n/a
4t	Eligible patient-months with Kt/V missing or out of range (n)	.	0	0	0	0	n/a	n/a
4u	Pediatric HD: Kt/V >=1.2 (% of 4p)	.	100	100	100	100	99.4	88.2
4v	Eligible PD pediatric patients (n)	5	5	5	5	7	n/a	n/a
4w	Eligible PD pediatric patient-months (n) [*3]	15	15	12	11	53	n/a	n/a
4x	Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	n/a	n/a
4y	Pediatric PD: Kt/V >=1.8 (% of 4t) [*7]	80.0	80.0	75.0	81.8	79.2	81.1	74.6
	Long-Term Catheter Rate							
4z	Eligible adult HD Patients (n)	93	91	86	84	108	82.0	74.1
4aa	Patient-months at risk (n) [*3]	262	260	247	232	1,001	706.6	623.5
4ab	Long-Term Catheter Rate (%) [*8]	12.2	14.6	18.6	19.4	16.1	15.1	17.2
	nPCR							
4ac	Eligible pediatric in-center HD patients	0	1	2	2	2	n/a	n/a
4ad	Eligible pediatric in-center HD patient-months [*3]	0	1	4	6	11	n/a	n/a
4ae	Percentage of pediatric in-center hemodialysis patient-months with documented monthly nPCR measurements (%)	.	100	100	100	100	99.4	89.1

SAMPLE

[1] See *Guide, Section VIII.*
[2] Values are shown for the average facility. Values 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.
[9] State values not reported when < 3 Medicare-certified dialysis facilities exist in the state.

TABLE 5: Patient Experience of Care based on ICH CAHPS [*1]

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 are also shown. The data include the two most recent semi-annual surveys. State and National averages are included to allow for comparisons.

			Regional Statistics [*2]	
	Measure Name	**This Facility**	**State [*3]**	**U.S.**
	ICH CAHPS [*4]	**Spring 2025 - Fall 2025**	**Spring 2025 - Fall 2025**	**Spring 2025 - Fall 2025**
5a	Number of Completed Surveys	48	15,810	166,352
5b	Response Rate (%)	21	22	25
	Composite Measures [*4]			
5c	Percent of Patients reporting- Kidney doctors' communication and caring			
	Always	67	68	67
	Sometimes	19	14	14
	Never	14	18	19
	Linearized Score	83	82	81
	Star Rating	★★★★☆	n/a	n/a
5d	Percent of Patients reporting- Dialysis center staff care and operations			
	Always	65	64	64
	Sometimes	19	18	18
	Never	16	18	18
	Linearized Score	81	80	80
	Star Rating	★★★☆☆	n/a	n/a
5e	Percent of Patients reporting- Providing information to patients			
	Yes	86	79	79
	No	14	21	21
	Linearized Score	86	79	79
	Star Rating	★★★★☆	n/a	n/a
	Global Items [*4]			
5f	Percent of Patients- Rating of kidney doctors			
	Most favorable	69	61	59
	Middle favorable	17	25	26
	Least favorable	14	14	15
	Linearized Score	88	85	84
	Star Rating	★★★★☆	n/a	n/a
5g	Percent of Patients- Rating of dialysis center staff			
	Most favorable	79	65	64
	Middle favorable	15	24	25
	Least favorable	6	11	11
	Linearized Score	92	86	86
	Star Rating	★★★★★	n/a	n/a

SAMPLE

(continued)

TABLE 5: Patient Experience of Care based on ICH CAHPS [*1] (continued)

			Regional Statistics [*2]	
	Measure Name	**This Facility**	**State [*3]**	**U.S.**
	Global Items [*4]			
5h	Percent of Patients- Rating of dialysis facility			
	Most favorable	83	70	69
	Middle favorable	14	19	19
	Least favorable	3	11	12
	Linearized Score	93	88	87
	Star Rating	★★★★★	n/a	n/a
5i	Overall Star Rating	★★★★☆	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] State values not reported when < 30 completed surveys across the two survey periods exist in the state.
[4] Not shown if there are < 30 completed surveys over the two survey periods.

SAMPLE

TABLE 6: Quality of Patient Care Star Rating Calculation [*1]

Description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Care Compare Report.*

	Calculation Definition	This Facility
6a	**Domain 1 Score** (average of 6c, 6e, 6g, and 6i) [*2]	0.60
6b	Standardized Mortality Ratio (SMR) [*3]	0.95
6c	Measure Score: SMR [*4]	-0.01
6d	Standardized Hospitalization Ratio (Admissions) (SHR) [*3]	0.91
6e	Measure Score: SHR [*4]	0.28
6f	Standardized Readmission Ratio (SRR) [*3]	0.41
6g	Measure Score: SRR [*4]	1.88
6h	Standardized Transfusion Ratio (STrR) [*3]	0.78
6i	Measure Score: STrR [*4]	0.24
6j	**Domain 2 Score** [*5] (average of 6l and 6n) [*2]	0.01
6k	Standardized Fistula Rate (SFR) (%) [*6]	61.85
6l	Measure Score: SFR [*4]	0.13
6m	Long-Term Catheter Rate (%) [*6]	16.08
6n	Measure Score: Catheter [*4]	-0.12
6o	**Domain 3 Score** (average of 6u and 6w) [*2]	-0.42
6p	Adult HD: Percentage of patients with Kt/V >= 1.2 (%) [*6]	97.44
6q	Adult PD: Percentage of patients with Kt/V >= 1.7 (%) [*6]	89.64
6r	Pediatric HD: Percentage of patients with Kt/V >= 1.2 [*6]	100.00%
6s	Pediatric PD: Percentage of patients with Kt/V >= 1.8 [*6]	79.25%
6t	Overall: Percentage of patients with Kt/V >= specified threshold (%) [*7]	95.19
6u	Measure Score: Kt/V [*4]	-0.54
6v	Percentage of patients with uncorrected serum or plasma calcium > 10.2 mg/dL (%) [*6]	1.82
6w	Measure Score: Hypercalcemia [*4]	-0.31
6x	**Domain 4 Score** (average of 6z and 6ab) [*2]	-0.07
6y	First Year Standardized Kidney Transplant Waitlist Ratio (FYSWR) [*3]	0.35
6z	Measure Score: FYSWR [*4]	-0.79
6aa	Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW) [*6]	23.38
6ab	Measure Score: PPPW [*4]	0.64
6ac	**Final Score** (average of 6a, 6j, 6o, 6x) [*8] [*9]	0.0916
6ad	**Quality of Patient Care Star Rating**	★★★☆☆

SAMPLE

[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/admissions/readmissions/transfusions/transplants waitlisted to expected deaths/admissions/readmissions/transfusions/transplants waitlisted; 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, fewer than 11 index discharges for readmissions, or fewer than 2 expected waitlist events or fewer than 11 eligible patients for FYSWR, 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 DFCC.
[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 4 domain scores, with half-weight given to Domain 3. 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 Domain 2 (SFR and catheter), therefore, they are only scored on Domains 1, 3, and 4 if they have at least one measure value in each of these three domains.
[9] The final score value has been truncated for display purposes.