

Dialysis Facility Compare (DFC) National Provider Call

January 17, 2018 | 2:00-3:00 P.M. ET

Moderator: Thank you for joining today's Dialysis Facility Compare National Provider Call. Today, our presenters are Elena Balovlenkov, technical lead of Dialysis Facility Compare in the Division of Quality Measurement at CMS; and Joel Andress, End-Stage Renal Disease Measures development lead in the Division of Quality Measurement at CMS. Elena Balovlenkov will provide an overview of Dialysis Facility Compare's Star Ratings and a status update. Joel Andress will provide a measures update. Following the presentation, subject-matter experts will be available to address questions. You can provide feedback on the presentation through the chat box. Subject-matter experts will address as many questions as time allows. If your question is not answered during the call, CMS will address any remaining questions via e-mail following the call. Now I would like to introduce Elena Balovlenkov. Elena, you may begin. Elena, you might be on mute, so if you could...

Elena Balovlenkov: Yes. Thank you. I just wanted to reach out and say thank you, first of all, to everyone for joining us today. I appreciate you all coming back to us to talk about what's going on with Dialysis Facility Compare for January of this year so that you all know what will be coming out in the next couple of weeks. As you can see on the agenda, we're going to talk about a couple of different topics -- going to do the overview because, as we know, the community changes at times, and we wanted to be sure that people have the historical perspective of Dialysis Facility Compare. I also will talk about the Compare update in terms of where the status is, what's going to be going on for the early part of this year, and additionally, Joel will be talking about new measures and the implementation process. We also will have a question-and-answer period at the end, and as we stated, that what we will do is respond to any questions left in the queue, and I don't know if you all have taken the opportunity to review the questions from the last DFC call that was held in October of 2017. All questions were posted in a question-and-answer document. The questions were broken down into two categories -- one, the questions that were answered during the call for those of you who were unable to attend; and also the questions that were left in the queue were responded to as well. So please feel free to look those over and reach out to us if you have any questions. Or if it triggers anything else that you want to ask, we can talk about it as part of the Q&A today if we have time. Next slide, please.

So, that's me. Let's go on. So, as you know, CMS created DFC to give the community information on how CMS measures the quality of care patients receive based on specific clinical measures. The idea is to allow patients to use the information that we provide to make decisions and, most importantly, to have discussions with their health care team. Next slide, please.

So, just from a historical perspective, so that those of you who are new to this community know where we are and where we started from, we originally started the Star Ratings -- we started to work on it in 2014 and announced to the community that it was coming out as a

measures of quality for clinical measures, and what we did at that time is, based on feedback and interaction with the community, the release was delayed until January of 2015, and I'm not going to go through all these dates, but I want you to see that a TEP is basically a technical expert panel made up of individuals from the community -- patients, scientists, academics, physicians, social workers, nurses -- a group of multiple individuals who are familiar with care that's provided to patients, especially patients and caregivers, and that this opportunity we take and continue to go back so that the community can give us feedback on helping us decide what direction in which to go. So if you look at these dates, you can see that the last time we got the group together was in February 2017, and again, we will continue to reach out to the community as this work moves forward. Next slide, please.

So, one of the big things is that while we want patients to use Dialysis Facility Compare as a source of information, we recognize that this website and updates to this website and including the patient voice is an ongoing process. We continue to reach out to the community for suggestions for improvement. For example, responsive design -- we learned by going back and forth to the community that a lot of people don't have computers in their home, that they access Dialysis Facility Compare through smartphones, so one of the things that we've been looking at is responsive design and how to use this website while you're in the chair, sitting in a dialysis unit, to help you have conversations in your community. We also developed the Dialysis Facility Compare toolkit in Spanish and in English, and this has been distributed to all the dialysis centers as well as to the networks, to the patient advocacy groups, and to others who've asked for it so that people can teach patients and staff about Dialysis Facility Compare and the best way to introduce patients to the concept of using measures of quality to help make informed decisions and to lead discussions with their team. Next slide, please.

So, there's lots of different ways that CMS collects information. As we said, the technical expert panel is one of them. Patient focus groups is another. So, last year, we had a meeting between patients that were representative of multiple regions and multiple advocacy groups, and I mean patient advocacy groups, in conjunction with support from the University of Chicago and the American Association of Kidney Patients. We did a deep dive into the website and discussed perceptions, future additions that patients would like to see relative to measures, and I'll go into some of that detail, and different work that they would like to see changed. And we also got some ideas from patients on how to expand their involvement in CMS's work moving forward. Next slide, please.

So, what did we learn from patients? First off, we found that patients don't want to learn about just end-stage renal disease or, as it's known, CKD5. Patients want resources based on where they are in their disease process -- whether it's AKI, CKD3, whatever, patients want to be able to follow and manage their health at the various stages. We also heard from patients that the graphics that we were using on the website and also in some of the CMS publications, that they're really not representative of the true patient experience, and they felt that they were too negative, that we needed to have more robust pictures, that dialysis patients work, and they use computers in their jobs, and they go to school, and they're parents, and so one of the things that we've worked at is trying to change the image so it's reflective of the

community that exists currently. Additionally, that we needed to provide information about treatment options, including home dialysis and transplant, and talk about how quality should be proactively given to patients who may not know that they really need information to manage their care. And what do I mean by that? A patient pointed out, and I will quote directly, "We need to help those patients who don't know they need help because that will help improve their outcomes and help them lead a better life in whatever stage of the disease they find themselves in." And the other thing that we learned from patients which we felt was extremely important is that Medicare is a trusted source of information for patients in the renal community. Next slide, please.

So, what were some of the next steps that we took from what we learned? We've been working on reorganizing existing content to address the different stages of kidney disease and not just focus on ESRD. We're looking at addressing patients' sensitivities about language, terminology, the way we depict patients, the pictures that we use, the graphics in our publications. We also are looking at the bigger picture and the development of Dialysis Facility Compare, measures that patients would like to see. We talked about sources for information because just because we want something doesn't mean that we can necessarily easily get the data to support the request. So, those are one of the ongoing discussions that we have. And we also are working on having a future meeting with less-engaged patients to understand their ideas and their perspectives and how we can introduce them to Dialysis Facility Compare (DFC) to help them become a partner in their kidney care. Next slide, please.

So, now that we know the history of what's going on and some of the focus of what we want to see about improving on Dialysis Facility Compare, I want to talk about what's going on right now for the month of January. So, let's talk about the status update. Next slide, please.

So, as you know, we had the October 2017 refresh. And what happened at that time, and we'll talk about it in these ongoing slides, is that CMS did not publish the data from the Dialysis Facility Compare Preview Report for 2017 on Dialysis Facility Compare for the month of October. And what you saw was that Star Ratings and some of the measure values available since July 2017 remained on Dialysis Facility Compare. Next slide, please.

So now we talk about what's going to happen in January. So, in January, the following measures will be updated on the DFC website in January 2018. And you had the preview period for this. It occurred a couple of months ago in November, and those measures that you saw were the Standardized Transfusion Ratio, the Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, vascular access type, the NHSN Bloodstream Infection measure, the in-center hemodialysis CAHPS measure, and what you did not see in November was that the following measures will not be updated in January 2018 -- Kt/V*, and as you see, the asterisk -- includes all four measures -- pediatric hemodialysis, adult hemodialysis, pediatric PD, and adult PD for Kt/V values. Additionally, what you did not see is the proportion of patients with hypercalcemia. Those values will not be updated in January 2018. Next slide, please. So, what do you need to know, and why is that important? During July/August Preview Period, it was found that there was incomplete nursing home data for

calendar year 2016 in 11 states, so that what occurred is that several of the measures were recalculated for all facilities using the more complete nursing home data that was corrected and collected and previewed in November 2017. Those measures that were recalculated were the Standardized Mortality Ratio, the Standardized Hospitalization Ratio, and the Standardized Transfusion Ratio. What we informed the public is to let everybody know is that some facilities will notice a small change and recalculation of these measures. So, the revised measure calculations were available for facilities to review during the November Preview Period, and those results will be posted on Dialysis Facility Compare in January 2017. The other thing that is important for people to know is that in their preview periods, what they saw and what will be on the January 2018 release is that again, SMR, SHR, the Standardized Transfusion Ratio will have some small changes from July to August 2017 Preview Period as I outlined above. The SRR, the NHSN Bloodstream Infection measure, the CAHPS measures will be exactly the same as they were when they were previewed in the July/August Preview Period. The vascular access measures will be rolled forward one quarter, and the reporting will be for April 2016 through March of 2017. Kt/V, hypercalcemia, and the Star Ratings will not be updated in January. Let me repeat that again. Kt/V, hypercalcemia, and Star Ratings will not be updated in January. Next slide, please.

So then, what will happen for the update for April? In April, the following measures will be updated in DFC. You will be able to see these before they are made public as part of your preview period in February 2018. These measures include the vascular access type measures, and the dates for the collection are July 2016 through June 2017 data; in-center hemodialysis CAHPS results; Kt/V; proportion of patients with hypercalcemia; and the updated Dialysis Facility Compare Star Ratings using the most recent data available. Again, the DFC Star Ratings will not be updated in January. They will be updated in April. Next slide, please.

Dialysis facilities should also know that individual measure calculations would be updated on their normal schedule for the April release, including data from July 2016 through June 2017. The Standardized Measures that will be released in January will remain on the site and will have data from the calendar year 2016. Star Ratings, again, will be calculated with the most recent data available, and the preview period for this information will be held from February 1 through February 15, 2018. Note that the April Star Ratings release reflects what was originally scheduled for the October 2017 release. But remember -- we held those because of the data issues that occurred because one of the things that's very important to CMS is to make sure that when we post data that is viewed by the public -- and this is why we have a preview period -- is that it is the most accurate data that we have at the time. So, what we'll do is we'll continue to give you information as we move through the rest of the slides, and we'll also take some questions during the question-and-answer period, but let's go on to one more piece of information that you need. Next slide, please.

So, the other thing that dialysis facilities should know is that when we talk about recalculating Kt/V, hypercalcemia, and phosphorus, that a subset of patients who have clinical data included in CROWNWeb, which is a system that you're all familiar with, but did not have a 2728 form -- which is a form you also, how can I say, know and love -- available in CROWNWeb

on the day the extract that was created had clinical data removed. I'll say this again. A subset of patients who had clinical data in CROWNWeb but did not have a 2728 form available in CROWNWeb on the day the extract was created -- meaning when the data was pulled -- had clinical data removed from the extract. These measures will be recalculated with complete data once it becomes available, meaning once you have all the pieces there that are required for this to be calculated, they will be recalculated for your center. To be included in the data extract used to calculate DFC measures, you have to meet these criteria for CROWNWeb data: The record for the patient, provider, and month must be in the "Submitted" state. Records that are in the "Saved" state will not be included because they haven't moved forward. If they're saved, they're not submitted. The record for the patient/provider/month must not have the "No Clinical Data Available" flag in order to retrieve any values. So, now that I've brought you up to date on what's going on for January and for April just to kind of give you a preview, I'm going to turn the talk over to Joel so he can talk to you about the additional measure information that you need. Joel?

Joel Andress: Thank you, Elena. Good afternoon, everyone. It's Joel Andress. I am the ESRD measures development lead here at CMS. We have just a few updates about the candidate measures that we presented initially back in October. As you will be familiar, in October, we presented you with a set of candidate measures that we want to consider for implementation on Dialysis Facility Compare, and we give you a 60-day period to provide us with comments on those measures. That comment window... We presented two measures, I should say, in October. Let's go to the next slide, please. Thank you.

The percentage of prevalent patients waitlisted, or the PPPW, which is a measure of prevalent waitlisting from ESRD dialysis patients; and the Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients, which partners with the PPPW as a measure of waitlisting for incident patients in their first year of dialysis. These measures are intended as a pair. They were presented as candidate measures in October, and then we have closed out the comment period for them. If you have additional comments that you'd like to send to us, we still have a help desk available, and that address is provided at the end of the presentation. You should feel free to submit your comments there. Just so you're aware, we are in the process of reviewing the comments that we've already received. Our intention is to make an announcement regarding our plans for implementation or cancelation of implementation of these measures in early 2018. Should we move forward, just as a reminder of the process that these will go through, the measures would first be included in your Dialysis Facility Compare preview reports in July-August 2018 preview cycle. They would not be publicly reported. They would simply be a part of your report, so you'd have a chance to look at the results and submit questions to us. We would then plan to begin publicly reporting the measures in October of 2019. So, that is the cycle in which these would be implemented, again, pending the final decision with CMS. A final reminder -- these measures, if implemented, would be included initially for public reporting only. They would not be included within the Star Ratings. We have a separate process for consideration of adding new measures to the Star Ratings that goes through the Star Ratings [Indistinct] that we [Indistinct]. So there would be an expectation of the time delay between the period of recording and inclusion in the Star Ratings, and

indeed, that is where they ended up being included. Next slide, please. Now, as promised, we'll be opening the forum up to questions for you. So we'll hand it over and begin the Q&A portion. Thank you.

Question and Answer Session

Moderator: Great. So, as a reminder, please enter your questions through the chat box. Subject-matter experts will address as many questions as time allows. If your question is not answered during the call, CMS will address any remaining questions via e-mail. Our first question comes from Nicole Rhodes. Why do the DFC standards differ from the QIP standards?

Joel Andress: Thank you. This Joel Andress. The reason that the DFC standards vary from the QIP standards are -- well, there are a number of them, and we've addressed them in writing elsewhere. To summarize, the primary difference is that the focus of the programs is different. Whereas the QIP is designed to provide a payment determination that modifies payment to dialysis facilities, the primary mission of DFC is to provide quality information to patients to help inform their quality decision making as they receive care. And so the standards that are applied not only for the reporting of quality measures on DFC but also as they're included within the Star Ratings are geared toward that particular goal, and we believe that the different standards in the two programs reflect those different missions that the two programs hold. Thank you.

Moderator: Our next question comes from Susan Sennitch. Do the measure results include all patients or only Medicare patients?

Joel Andress: Thank you. This is Joel Andress again. The answer to that question is that it depends upon the particular measure. Some of the measures, such as the Standardized Readmission and Standardized Hospitalization Ratio measures, make use of Medicare claims data either to identify events like hospitalizations or for risk adjustments. Another example for that would be the Standardized Mortality Ratio. In those cases, we limit the population to Medicare patients only. Other measures are collected through the CROWNWeb tool, which allows us to collect data for all patients, not merely Medicare patients, so measures such as Kt/V or hypercalcemia, which are dependent upon CROWNWeb data, include all ESRD dialysis patients, not merely Medicare patients. Thank you.

Moderator: Our next question comes from Adrian Atkins [Indistinct]. Do you have an exact date or date range to expect the Five-Star Rating release?

Joel Andress: Adrian, this is Joel. At this point, I don't have the exact date in front of me. It's typically in the second or third week of April, I believe, and so I think we're still on target for that range.

Moderator: Okay, and then we do have a follow-up question from Adrian. "Would you be able to tell me how the DFR data is compiled for transplant options? Is this information obtained from the ESRD 2728 form, question number 26?"

Joel Andres: Adrian, thank you for the question. That is not something that I would be able to answer for you. I think that's probably something that you want to direct to Ian Kramer and the Survey and Certification Group, as they manage the DFRs. If you send us a question by the help desk, then we can get you forwarded off to the appropriate team for a response.

Moderator: Great. Our next question comes from Pearl Glessing. Is there a plan for the future to implement standalone home programs in this reading?

Joel Andres: I'm sorry. So, this is Joel again. I'm not sure that I understand how that works within DFC. I guess the answer to that is no. We do incorporate home patients within some of our measures, where either the evidence bears it out or there's no particular reason to exclude the patients. For example, the adult hemodialysis measure includes home hemodialysis patients. I think the issue we would have with developing measures specific to that, if that's what you're asking about -- if not, I apologize, and feel free to provide us either with a follow-up here or -- to clarify or to send a message to our help desk. I think the primary issue there is the number of patients, the size of the population that engage in or that receive home hemodialysis, or even, to some extent, peritoneal dialysis, limits the capacity for us to develop a measure that is sufficiently reliable to assess facilities. If you have any additional questions on that vein, of course, I certainly welcome you to send them to us either here or in writing to the help desk. Thank you.

Moderator: Our next question comes from Jessica [Indistinct]. Is it accurate to say that the Five-Star Scores that will be released in April will reflect performance from full calendar year 2016?

Joel Andres: Thank you. So, we anticipated this question. It's a little more complex than that, unfortunately. We plan to provide you with a table in the Q&A documents that will follow this meeting that will provide a list of the time periods for each of the measures. What we have done is we've used the most recent data available. So, you have two sets of measures. You have some measures that we calculate annually -- the Mortality and Hospitalization Measures are examples of this -- where the data will be based on calendar year 2016 for those measures because we only calculate them annually. There are other measures that we calculate using growing quarters, and so for those measures, the Star Ratings will be calculated based upon how the quarters are typically scheduled to be set for the April release. So, as an example, the AV Fistula measure will be calculated using July 1, 2016, through June 30, 2017, and the measures will reflect that as well. Information will be available on the website when it's posted, but the Q&A document, which you should keep an eye out for, will also provide you with the detailed information for each of the individual measures. And of course, if you send us a question through the help desk, then we can simply forward you a copy of the table and make that available to you more immediately. Thank you.

Moderator: Our next question comes from Noah Espinoza. Can you clarify the new timing of measure release for measures impacted by the nursing home data sets? When will they be posted to the website, and when will they be used to calculate a Star Ratings score?

Joel Andres: Thank you. So, for the measures that were affected by this... The only measures that were affected by this were standardized risk-adjustment measures, which we calculate annually. So, essentially what happened is those data are for calendar year 2016. We are going to be calculating those measures using calendar year 2016 data. And they will be released as part of the January release this month. So, all of the data that were affected by the nursing home data issue for the Standardized Mortality, Hospitalization, and Transfusion Ratio Measures will be available this month at the release. Thank you.

Moderator: Our next question is from William Poyer. Why doesn't the Star Rating update if you are updating components of the rating?

Joel Andres: Thank you. So... This is Joel again. The reason that it didn't update in October is because we had found issues with the data, and essentially we made a program decision to freeze the data because we didn't want to simply wipe out the data that were available. So we kept the most recent data that we had posted on the website, and waited until we were able to update all of the component measures of the Dialysis Facility Compare Star Ratings before we updated DFC. We were not able to provide full updates of the Kt/V and hypercalcemia measures until April. And so we decided that we would be updating the Star Ratings at the same time. And up until then, all we're simply doing is keeping the site itself frozen and not reporting any data other than what had most recently been posted in the July release of last year.

Moderator: Our next question comes from Nathan Muzzo. Can you please clarify on the subset of patients that had data removed due to a CMS 2728 not submitted? Has the requirement of the form being in Submitted status been removed, or will the data only be included in the calculations when the 2728 is in Submitted status?

Joel Andres: So, Nathan, I think that is probably a question that is better assigned to the IT staff who run CROWNWeb. I can give you my best understanding of it, but I think it'd probably be better to simply turf the question to them. What I would suggest is that if you could send the question to us through the help desk, we will get it to them, get a response, and we'll incorporate it in the Q&A document so that everybody can see the response. I would love to give you the answer, but at this point, it would be my best understanding rather than a final and authoritative answer, so I think that's probably the best approach. Thank you.

Moderator: Our next question is, will the 2016 ICH CAHPS Star Ratings be available for preview on February 1st to 15th of 2018? Will 2016 ICH CAHPS Star Ratings be released in DFC in April 2018?

Joel Andres: Thank you for your question. This is Joel again. Yes, so the updated ICH CAHPS will be available in the February 1st through February 15th preview period, as will the newly calculated Star Ratings. You will be able to view them on your preview reports for that preview period, which serves as the preview for the April release.

Moderator: Our next question comes from Bridget Reddy. What about those who are measuring the UFR rate now for CMS? Is this something we will be looking at, too?

Joel Andres: Thank you for your question. Right now, the ultrafiltration rate reporting measure is being collected as part of the calendar 2018 reporting requirements for the QIP. This is not currently included in DFC for the not-minor reason that we don't currently have data reported to us yet that we could use to report on DFC. I think that is a measure that we may consider in the future as a candidate measure, but I think we would hesitate to be bringing it forward until we'd had a chance to actually have enough data to report on it on DFC. And right now, there simply hasn't been enough time for that to have been reported for us to do so. I think certainly if that's something that you'd be interested in seeing on DFC, please let us know through the help desk, and that will be part of the feedback that goes into our decision-making process about what measures to consider for future implementation. Thank you.

Moderator: The next question is, who does CMS use the ICH CAHPS results to rate a facility on the Star Ratings? For example, there are 94 patients in a clinic, but an average of 15 patients out of the 94 returned the questionnaire. How reliable is that data?

Joel Andres: So, thank you for your question. I think first of all, the CAHPS aren't currently incorporated in the Star Ratings. If you attended our October call, then you're aware that we are planning to implement a Star Rating based off of the CAHPS measure in October 2018. So, that hasn't been done yet, and that doesn't affect what you'll see in April. That said, I think the answer to your question is that CMS has a minimum reporting standard of 30 completed surveys. If 30 surveys haven't been completed, then we don't incorporate reporting. That's consistent with the requirements for the ESRD QIP, and it's been applied to the public reporting of the ICH CAHPS on DFC since its implementation last year. Thank you.

Moderator: Our next question comes from Emil Hamilton. You have mentioned that in order to be included in the DFC data extract, the record for the patient/provider/month must be in Submitted status. Just to clarify, are you referring to the CROWNWeb clinical record submission or more specifically to the 2728 form itself?

Joel Andres: Thank you for your question. So, that was referring specifically to the 2728 form. I don't know enough about submission requirements on CROWNWeb to tell you if that applies more generally as well. I can only tell you that that was the issue that we were experiencing for the 2728 form here.

Elena Balovenkov: Please send your question to the help desk. We will provide the Web address for that as part of the presentation at the end of the presentation so that we can get you a formal response from the CROWNWeb team. Thank you.

Moderator: We do have a follow-up question from Jessica [Indistinct]. "I understand the transplant measures will be published in the October 19 DFC release. Will they be included in the calculation of Five-Star Scores? If so, will you release new technical specifications for calculating Five-Star Scores?"

Joel Andress: Thank you for your question, Jessica. This is Joel again. So, to clarify, CMS has not made a final decision about publicly reporting the transplant measures as yet. When we do, we will be releasing an announcement regarding that decision. If they are publicly reported beginning in October 2019, then they will not be part of the Star Ratings. If at some point in the future they or any other measure becomes part of the Star Ratings calculations, then yes, the methodologies for incorporating them in the Star Ratings will be something that we'll present through National Provider Call-In, through online posted documentation explaining how they would be incorporated with that, and that's true of any measure, not just the transplant measures. And it would also, I should say, be included in the ESRD Measures Manual. Thank you.

Moderator: Great. And we also have a follow-up from Emil Hamilton. ESRD Measures Manual is version 2.5, which includes performance year 2016 for the October 2017 release. When will the ESRD Measures Manual be updated with the current specifications?

Joel Andress: So, I think that is not something that I own, so I don't want to make any promises to it. If you send in your question to the help desk, then we will forward you to the appropriate parties, and I think they can get you a more precise answer on that. I can't give you an expected release date yet. Thank you.

Moderator: Our next question comes from Michael Heslin. So, the individual clinics that don't have 30 surveys returned don't receive any points and would automatic loss Star Ratings status?

Joel Andress: Thank you for your question. The answer to your question is that beginning with October 2018, when we start incorporating IHC CAHPS in the Star Ratings, what will happen is that there will be two separate Star Ratings, one based on clinical measures and the other based upon the ICH CAHPS. Now, this information was gone over in some detail at the October release, so I don't want to repeat all of that, but certainly you can go back and look at the information that we provided then for more details. The short answer is that yes, if we don't have CAHPS data for your facility, then we will simply not assign a Star Rating to your facility. And that would be reflected on the website. Thank you.

Moderator: Our next question is, since 2016 Star Ratings comprised of the 2017 hypercalcemia and vascular access data was the new/updated hypercalcemia and vascular access quality measure used in 2016 Star Ratings?

Joel Andres: So, I'm going to tell you how I understand your question to be asked. If I am getting it incorrect, then please feel free to respond. What I understand you to be asking is whether or not we're using the new updated measures that were finalized in the rules, which are the two updated vascular access measures and the updated hypercalcemia measures. Those measures, which are being updated, do not go into effect on Dialysis Facility Compare until the October 2018 release. So, we are using the older version of the measures for the April release. And that includes, for the Dialysis Facility Compare, Star Ratings that will be published with the April release. The new measures are intended to be implemented for public reporting beginning in October, and that's when their data would be included and when their data would be incorporated in the calculation of the Star Ratings. Again, if I misunderstood the question, I apologize. Feel free to resubmit the question here with clarification or to send us a written question at the help desk, and we'll be happy to discuss it with you in detail. Thank you.

Moderator: All right. As a reminder, please enter any questions through the chat box, and we will read them aloud. All right. We do have a follow-up question from Michael Heslin, and he is asking, "Since the facility would not receive the points associated with the CAHPS Survey, they would automatically receive a lower Star Rating?"

Joel Andres: Thank you for the follow-up question. No. So, what would happen is you simply would not receive a Star Rating for the patient experience of care. You would still potentially receive a Star Rating based on the clinical measures, and that Star Rating would be unaffected by the lack of ICH CAHPS reporting data. To clarify, for the CAHPS-based Star Rating, you simply would not receive any score. It would not provide you with a worse score simply because you didn't have data for that measure. I hope that clarifies the question, but if not, feel free to follow up.

Moderator: Great. Thank you, Joel. We will stand by for our next question. All right. There are no additional questions, so, Elena, we will turn it back over to you to close the call.

Elena Balovenkov: Hi. It's Elena again. So, I just wanted to remind everyone, especially for those of you who asked questions for information that was related to the ESRD community and to the patient community of our October call, that in addition to the question-and-answer document, we also posted the transcripts and the slides from the October call to the ESRD General Information page. So, if once you review those, you have any additional questions, feel free to submit them through the help desk. Again, you'll see the transcript from October, the slides, and a formal Q&A document for questions that were asked during the call and in the queue, and we will also be doing the same things for this call. It does take a while for the slides to be remediated and stuff, but they will be posted. So, let's move on and finish up the call.

Could we have the next slide, please? So, some of the information that you all were asking about was about measure specifications. So again, and this is also included in the October slide decks, and you'll have this information before we even post the January slides, is that the information about measure specification and Star Rating methodology can be found at this website. So, please feel free to visit it and submit any questions that you might have. Next slide, please.

Also, that if you have additional questions for Star Ratings, the methodology, measure specs, please e-mail the UM-KECC help desk, and we gave you the e-mail address for that. For questions about CROWNWeb -- we had quite a few of them today -- please contact them through the CROWNWeb help desk. If you forget and send it to the UM-KECC website, trust me, we won't put it in the trash. We'll forward it to the CROWNWeb team, and you will still get your answer. So, while we prefer that you correspond directly to them, if by mistake somebody does send it to dialysisdata@umich.edu, we will make sure that that information is forwarded.

The same thing about any questions that you may have about the CAHPS Survey -- that we gave you their direct information, but if you send the question to the help desk, we will also make sure that that information gets forwarded because sometimes people have a question about multiple things and just want to send it to one website. And we'll be glad to facilitate [that] you're getting the information that you need. I want to thank you all for joining this call, and we look forward to our future work with the community and with our patient groups. Thank you so much, and have a wonderful day.