

Centers for Medicare & Medicaid Services (CMS)
2016 Dialysis Facility Compare – Measures Update
Held on October 5, 2016

WEBINAR

MODERATOR: Good afternoon everyone and thank you for joining the 2016 Dialysis Facility Compare Understanding Measures, Star Ratings and Quality Outcomes webinar. Today, CMS will discuss recent changes to the Dialysis Facility Compare website based on public feedback and consumer testing. CMS will also discuss measure and specification changes, elaborate on the measure implementation process, and provide answers to clarifying questions.

To ask a question, please type your inquiry into the chat box, and we will read it aloud during the question and answer session. For questions specific to your facility's data or measure specification questions that were not addressed in the call today, please submit your questions to the dialysisdata.org help desk. I will now introduce Elena Balovlenkov, Technical Lead for DFC, who will begin with the overview of the Dialysis Facility Compare Star Ratings.

ELENA BALOVLENKOV: Thank you Jasmine. Hello everyone. Thank you so much for taking time out of your day to join us for this call. We feel this information will be very helpful in helping everyone understand what we've been doing lately with the DFC website, Star Ratings, and the measures. As was said, I'm here in the room. I'm Elena Balovlenkov, the Lead for DFC Compare and the Star Ratings. So, I'm here in the room with Dr. Joel Andress who will be presenting with me today, and we also have the rest of our team, who we'll introduce this afternoon with a question-and-answer session, and others who work with us on the measures so that we can be as available as possible to give you the best information that would be helpful to you.

So, why don't we go to slide number three, and so what we're going to do is we're going to talk about a basic overview because as we know that oftentimes people change jobs, so there's turnover. So, we're going to do a little bit of history just so that people know how we got to where we are today. So, let's look at slide four.

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Basically, we know that the issue of public reporting has been foremost in the public's mind because people want information. People are used to going on the internet and looking for things and doing research so that they can better be prepared to ask questions. So, what happens here is that Medicare, CMS, developed Dialysis Facility Compare in response to the national call for greater transparency because people wanted to see how did we come up with the measures, what are we collecting, what are we reporting, and so that in order to do that, these initiatives were aligned with the Affordable Care Act, CMS' National Quality Strategy and also President Obama's Digital Government Strategy where we are making information more available online than it used to be in the past.

Let's go to the next slide. So, we've had a busy two years, and as you can see on slide five, we originally came up with a concept that announced to the public in June of 2014 that we were going to be initiating the Star Ratings, and we actually had the release for the Star Ratings in January of 2015, and as you can see on this slide, we've had numerous events that have happened since then. We've had an update that occurred in 2015, and we have another refresh that will be occurring in October of this year.

So, let's talk about what's going to be new in October, and I'm on slide number six. So, the biggest thing, if you have participated in our last couple of calls, is that we had two calls earlier this summer, one in June and one in August, where we talked about the revisions that were made to the Star Ratings methodology, informed you all that we added the ICH-CAHPS, the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems to DFC. For information only, we'll go into that in detail, but the H-CAHPS are not part of the Star Ratings. We added two new clinical quality measures to DFC. We revised for existing measures. The ratio measures now will be presented as rates, and the biggest thing that I think is important for me as the lead on the non-measures work is that we did work to improve the layout and the language, reduced some of the redundancy, tried to make some plain language changes. So, I think what we're trying to do is to demonstrate that we heard everyone and are working on trying to make the website as user friendly as possible.

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So, people are saying so why do you keep making these changes? Well, one of the biggest things for us is that in 2015 we had a TEP with what I call the experts in the community; providers, scientists, epidemiologists, and more importantly, for me, was that we also had a consumer arm of the TEP, which consisted of patient advocacy groups, patients, and these were the things that people asked for. Patients wanted to hear about ICH-CAHPS. They wanted to know what patients were saying.

We also did consumer testing nationwide, looked at having patients give us feedback on labels and terms and the look of the site, and we also did user experience surveys to evaluate how well people could move around on the sites. But the biggest thing for us is that people asked us to make information easy to access and understand, and so while we are not at the top of the mountain yet, we believe that we are moving up and up in making the changes responsive to the concerns and the questions from the community, and we will continue to work on this so that we come closer and closer to the requests that we get during our continued meetings with the community.

So, one of the things that I wanted you to understand is why the experience of care is so important. The biggest thing is patients now are used to looking at TEP-type or what I call Yelp-type ratings. So that they want to know what the person who is sitting in the chair, the person who is experiencing kidney disease feels about what is going on in the facility where they are receiving care, and we'll go into more detail in terms of the measure further on, but I just wanted you to know that the biggest thing for us is to be able to start answering patients' questions when they say so what's going on there; how do I find out what do they think of the doc, what do they think of the cleanliness, what do they think of the staff?

So, this is our way of being able to give back some of that information to the community, but again, remember that these are not part of the Star Ratings at this time, and you'll see when you go onto the website when we refresh everything for October that we made sure that the patient

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experience survey results appear on a separate page from the other quality measures so that we reduce confusion on the part of the consumer who's logging onto the site.

So, that basically is an overview of the changes that we've made. So, what I'm going to do now is I'm going to turn the remaining part of the discussion over to Dr. Address, and Joel's going to talk about the changes that have been made in the Star Rating methodology and the other measures. Joel?

JOEL ANDRESS: Thank you Elena. Good afternoon everyone. Thank you for joining us for this call. We're going to be reviewing briefly, or I should I say at a high level, some of the things that have changed for DFC in October 2016, and then we'll be reviewing changes that will be affecting the website into the future.

On slide ten, we're going to start reviewing the changes to the Star Rating methodology. As many of you are aware, we've updated our Star Ratings methodology after receiving recommendations from a panel of methodological and clinical experts, patients, and patient advocates. This was after having also received extensive feedback from the broader kidney care and patient community, and facilities were able to access their new Star Ratings during the July to August preview period this year ... on Dialysis Facility Compare later this month.

On slide 11, we're on slide 11 now I should say, because everyone can't attend every call, and there is some turnover in the community, we want to give you a brief overview of what the changes were that we made. We are also providing a link to the slide back here on slide 11, which will take—or a link that will take you to our slide deck from our June national provider call as well as the transcript from that call where we covered the methodological changes in greater detail, and then finally at the end of the presentation, we've also provided a couple of resource slides that include links to the original and updated Star Ratings methodologies.

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Slide 12, please. The TEP returned to us—or I should say, the TEP developed a consensus around three core methodological changes to the Star Ratings, and these were, first, to establish a baseline of performance against which facility performance could be compared for establishing the Star Ratings, account for the potential impact for skewed measures within the Star Ratings, and finally, to ensure the accuracy of the ratings, and that is to ensure that the Star Ratings accurately reflect the quality of care being provided at the dialysis facility.

Slide 13, please. So, we incorporated three methodological changes as a consequence of these recommendations. The first is that we applied the truncated Z-scores to our percentage measures. So, these include hypercalcemia, dialysis adequacy, and the vascular access measures. The consequence of this change is that we reduce the impact of having large numbers of high or low performing facilities with little meaningful difference in their performance relative to one another. It also prevents a facility's Star Rating from being unduly influenced if they're an extreme outlier on one of these measures.

Second, we calculated measure scores as relative performance against a baseline year. This allows us to account, within the scoring methodology, for improvements over time by the facilities and it also establishes a set of cutoffs against which a facility's performance may be compared in future years. And then finally, we assign the Star Ratings based on these relative cutoffs established in the baseline year, and the consequence of this is that facilities are no longer held to a constant 10, 20, 40, 20, 10% split or distribution of the Star Ratings. Instead, a facility's rating may increase independent of the performance of other facilities over the course of the years.

Please go to slide 15. For the October 2016 release, we have also updated four of our quality measures, and we addressed these at a call in August in greater detail. So, I just want to remind you that there were updates to the dialysis adequacy, vascular access measures, the hypercalcemia measure, and the standardized readmission ratio that are currently reported on Dialysis Facility Compare.

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In the interest of time, we're not going to go into a great deal of detail here, but we'll simply say that these—remind you that these changes were adopted to remain consistent with the NQF-endorsed quality measures, and we have again provided you with a link on this slide that will take you to the slide deck and the meeting transcript from August where we approached these subjects in greater detail. And then finally, for 2016, we implemented three new quality measures within DFC, and these are the ICH-CAHPS, the NHSN Bloodstream Infection Ratio, and the Pediatric Peritoneal Dialysis Kt/V dialysis adequacy measure. Slide 17 please.

The patient experience survey or ICH-CAHPS is intended to report on patients' experiences of the care they received at the dialysis facility. Patient and community stakeholders have previously expressed to CMS the need to include more information about patients' experiences on the site, and we have previously lacked this information on DFC, and so we felt it was important that we incorporate this measure on the website. The inclusion criteria for facilities on this measure are identical to those found in the CAHPS survey for the ESRD QIP and no additional collection burden will be incurred among ESRD dialysis patients for the reporting of data on DFC. We also note that the ICH-CAHPS is not currently part of the Star Ratings, as Elena has already alluded to, though as you will see later, we're requesting comment on its inclusion in the future dates.

The ICH-CAHPS is different from other quality measures in that it provides data on multiple domains of patient experiences rather than a single measure rate or ratio. Three of those domains are comprised of multiple survey questions each and include the patient's responses about kidney doctors' communication and caring, the quality of care and operations at the dialysis center, and how effective the dialysis center is at providing information to patients. These are accompanied by three global ratings, or individual questions of patient's experiences with kidney doctors, their dialysis center staff, and the dialysis facility itself.

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Moving on to slide 19. The second measure that we incorporated for public reporting this October is the National Healthcare Safety Network Standardized Bloodstream Infection Ratio. This is another measure that is currently in the ESRD QIP and that receives substantial support from patients interested in seeing data on patient safety in Dialysis Facility Compare, which is again, something that we had previously lacked much information on. This measure uses the same data as the NHSN infection measure finalized in the ESRD QIP, which shouldn't share alignment between the two programs on this measure. And then finally, on slide 20, we also implemented the Pediatric Peritoneal Dialysis Kt/V adequacy measure to expand our assessment of adequate dialysis to this particular subpopulation. It is aligned with the other dialysis adequacy measures being reported on DFC as of the release later this month. It is also consistent with the measure finalized in the ESRD QIP as of payment year 2019.

On slide 21, we're going to start getting into the changes we are implementing into the—with the implementation process. As I think many of you are aware, we started a new process for implementing measures on DFC last year that included—that allowed us the opportunity to acquire feedback from the community on the measures we were considering for implementation. However, during our preview period in July and August, feedback we received from the community demonstrated to us that we still had room to improve with regard to our transparency in implementing both new measures and updated measures. As a consequence of this, we're presenting here modifications to that process beginning with this year.

Slide 23, please. These new changes will build off of our previous process that we started last year, but will integrate new processes to make the process more robust. The community will still have the opportunity to comment on any new measures or updated measures for 60 days. We will be including a new dry-run process that will allow facilities to view measure changes one year in advance of public reporting, and any measures being added to public reporting will be reflected in the *ESRD Measures Manual* in advance of going public on the website. Our intention with these changes is to increase the degree of transparency and community awareness around the measures that we're implementing for DFC.

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On slide 24, you'll see a mockup of the dry-run. Our intention is to incorporate this on your preview reports that dialysis facilities already receive during the July through August preview period. This will be an additional page, it's not replacing information you're already receiving. But for any measures that we are going to be seeking to add to the Dialysis Facility Compare website, you will get a mockup of those data similar to what you see here up to a year—or I should say a year in advance of them actually being reported publically, and you will, of course, have the opportunity to comment on these data as you would with any other data within the preview report.

We do want to note to you that the mockup we've provided here is in a draft form, and we may decide to include additional information that will support your review during the preview period in the future. And, in fact, if you have comments about information that would be additional information that would be helpful, we'd certainly be happy to hear from you through the comments.

On slide 25, I'm going to go through the timeline for our next release process. I should note that the process is cyclical, and so we envision this beginning anew every October. It begins with today's call, the National Provider Call for October, in which we'll be presenting to you measure candidates for implementation on Dialysis Facility Compare. Starting with today, you will have 60 days to submit comments on these measures to CMS. Later in the presentation we'll talk about how you can do that. This is—the deadline for submission will be December 7, 2016, and we certainly welcome your comments on these measures.

On slide 26, you can see that, consistent with our process last year, we intend, after receiving and reviewing the comments, to announce what measures will be moving forward with implementation in January of 2017. The first big change to the process is that in July and August 2017, you will be receiving a dry run of these new measure candidates within your preview report, and so facilities will have an opportunity to review these data. These data will not be

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publically reported on the DFC website either then or at a later date. And then next October at the National Provider Call, we will announce what measures we are finalizing for implementation of public reporting in October of 2018 for the DFC 2018 release.

So, at that point, you will know what measures are going forward and what measures we may have decided not to go forward with implementation as a consequence of the feedback we've received, and after we've made that announcement, we will update the *ESRD Measure Manual* in January of 2018 to reflect all new measures that will be going forward for public reporting in October. So that information will be available ahead of the actual public reporting of the data.

So, now I want to turn to the measure candidates that we're asking for your comments on for the next 60 days. These measures are being considered for the DFC October 2018 release, which means that if they go forward, public reporting would begin in October of 2018. On slide 28, you can see the only new measure that we are considering for implementation this year, and that is the measurements of nPCR for pediatric HD patients. This measure reports on the assessment of patient growth of care issue particular to pediatric patients, and we intend for it to reflect our interest expanding our efforts to address the quality of care specifically as it applies to children with ESRD who are currently receiving dialysis.

The next slide, slide 29, presents five measures that we either intend to update existing measures on Dialysis Facility Compare or that we intend to replace measures that are currently on Dialysis Facility Compare. So, for the standardize mortality and hospitalization ratios, these measures have been modified and updated to incorporate claims data that allow us to risk adjust for changes in patients' health status following the start of dialysis. The measures currently on Dialysis Facility Compare depend on comorbidity data from the 2728 form, which are not updated after the start of dialysis, and so we think this will give us a more robust picture of patients' condition, and therefore, provide a fairer picture of the quality of care provided by dialysis facilities.

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I should note, I got a little ahead of myself. All of these measures were submitted to the National Quality Forum for consensus endorsement this year and have, at this point, been preliminarily recommended for endorsement by the National Quality Forum standing renal committee.

The next measure that we want to update is the standardized transfusion ratio, which has been modified to provide a more conservative method of transfusions in response to comments we received from the National Quality Forum. It also accounts for regional variations and how hospitals code transfusion events. What we found is that there was some bias in terms of how regionally different hospitals were coding their events, and so we've adjusted how we captured the transfusion events so that facilities are not inappropriately penalized for that variation. And then finally, we developed two new vascular access measures, which incorporate the last decade of evolving evidence and knowledge relating to vascular access in this field, and our intention is to use these measures to replace the vascular access measures that are currently on Dialysis Facility Compare.

The primary changes for these measures is that they have had additional exclusion criteria added to the measures. We have also risk adjusted the fistula measure to account for circumstances in which placement of a fistula may not be in the best interest of a patient. I should note that for all five of these measures, measure specifications, as well as the evidence base and testing data are currently available at the National Quality Forum website, and we certainly encourage you to review those in advance of sending your comments to us.

Distinct from the measures being implemented in Dialysis Facility Compare, we already have certain measures on the website that we want to consider for implementation in the Star Ratings, and we're handling those separately because, of course, they're in a different track for being reviewed and there are different criteria that we want to—or I shouldn't say criteria. There's a different process in place to review what measures we want to include in the Star Ratings.

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On slide 31, we start talking a little bit about this. We'll be presenting measure candidates for the Dialysis Facility Compare 2018 Star Ratings today. Again, this means it's for the Star Ratings update that would occur—that would be publically reported in October of 2018. As with the DFC measures, we'll be accepting public comments on these candidates through December 7, 2016.

Instead of incorporating a dry-run, however, since these measures are already being publically reported on Dialysis Facility Compare, instead after we have received your comments, we will be taking those as well as the testing and the specifications of the measures to the Star Ratings Technical Expert Panel for their review and recommendations regarding measure appropriateness and incorporation in the Star Ratings methodology. After collecting your input and receiving recommendations from the TEP, CMS will announce any changes to the measure set for the DFC 2018 Star Ratings no later than October 2017 at the National Provider Call.

Now, the reason we haven't provided a specific date for this is that we want to allow for the review of the Star Ratings TEP, and so this may be—so, there may be some flexibility in terms of when we are announcing the final measures or final changes to the measure set, but it will occur by October 2017. This will also serve to give us enough time to implement the necessary changes to the methodology to implement them in 2018, and prior to their public reporting in October of 2018.

I should note at this point because of the new timeline that we're implementing here because of ... we are not anticipating measure changes either to Dialysis Facility Compare or to the Star Ratings in 2017. As you'll notice, all of the changes going into public reporting begin in 2018 because of the new timeline.

On slide 23 we present the measure candidates that we want—that we are requesting your comment on. The first of these is the standardized readmission ratio or the SRR. It is part of the ESRD QIP as of payment year 2017, and has been publically reported on Dialysis Facility

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Compare since April 2015. It's a key measure of care coordination between dialysis facilities and hospitals and a major outcome of care under the CMS quality strategy, and so we believe it's an important measure to be considered for implementation in the Star Ratings.

The second measure that we'd like your comment and consideration is the pediatric peritoneal dialysis adequacy measure. We consider this to be an extension of the dialysis adequacy measures we already have incorporated within the Star Ratings, and it simply allows us to expand into the pediatric peritoneal dialysis subpopulation. And then finally, we have two measures that we received a substantial amount of support from during our initial DFC Star Ratings Technical Expert Panel, and for this reason, we wished to bring these forward for your consideration.

The first is the ICH-CAHPS, which, of course, is a measure of patient experience of care, which we began reporting on—which we will begin reporting on in October of this year, and the second measure is another measure that we will begin reporting on in October of this year, and that's NHSN bloodstream infection ratio. Because of the high level of interest—sorry. I should say, we previously stated we would only consider measures that had been publically reported on DFC for at least a year, and we still believe that that's an important consideration, however, due to the high level of interest expressed to us about including these measures not only within the Technical Expert Panel but also by the broader community, we felt it incumbent upon us to present them to the community and the TEP for consideration at this time. We certainly will look forward to hearing your comments about these measures and their role—and their potential role in the Star Ratings.

I apologize, I think slide 33 is an excess slide. So, we will move onto slide 34. There's another issue that we want to take before the TEP. As we mentioned before, there are five measures that we are seeking to retire in favor of five new measures that either update or replace those measures. However, because DFC and the Star Ratings are not truly two separate programs but are part of the same enterprise of public reporting, we believe it would be inappropriate to report

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one measure of hospitalization as an example for the Dialysis Facility Compare website while using another measure of hospitalization to calculate the Star Ratings. And so our thinking in this is that as we replace these measures within Dialysis Facility Compare, we would also want to incorporate them into the Star Rating methodology. And so we would appreciate your comments on that approach, and we will plan to take these measures to the Star Rating TEP as well so that they can also offer their recommendations on how to approach that particular issue.

On slide 35, you'll see a link to a website that will provide you access to the specifications for all measures that are presented here in this slide deck. The slide deck itself will, of course, be made available to you following this call, and you should be able to access those, those specifications at will, and we certainly encourage you to do so. And now, starting on slide 37, I'd like to take a few words on how to submit comments to DFC.

As we already stated, comments are going to be accepted starting now. We are accepting comments on a number of topics including the DFC measure candidates, the Star Ratings measure candidates, additional measure candidates that we have not presented here, but that you believe should be on our radar as we're thinking about what quality measures should go into DFC or to the Star Ratings. We certainly want to hear from you on that. We don't believe that we have the corner on quality care within ESRD, and I think it's important that you have this opportunity to present those measures to us. And then finally, we welcome comments on the Star Rating scoring methodology and reporting, and I think, we didn't include this on the slide, but I also want to add here, another important consideration I think we need to make clear is that if there are thoughts or recommendations on how we can make the site more useful to patients and other consumers, we certainly welcome those comments as well. It's important, I think, to continue that conversation with you as we—as Dialysis Facility Compare evolves.

On slide 38, we have the measure submission requirements. If you do wish to submit another candidate measure for our consideration, we ask that you provide complete measure specifications along with supporting clinical and testing evidence. The standard by which we

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review these is that set forth by the National Quality Forum for completeness of data. So, if you do not provide us with testing data, you do not provide us with an evidence base supporting the implementation of the measure or if you do not provide us with clear and operational measure specifications, we will not be able to implement the measure at this time. So, we certainly encourage you to review the submission requirements for NQF as a standard for which we can accept measure submissions from you. If you require any clarification regarding what we're looking for, please don't hesitate to reach out to us through the help desk, the link to which we are providing on the next slide.

All comments for DFC should be submitted to the help desk address on slide 39 along with any request for clarification on what you've seen here. Again, in addition, if we aren't able to get to your questions during the course of this meeting, this is where you should submit those measures—this is where you should submit those questions so that we can ensure that we respond to them effectively in writing.

Now, I want to say thank you for your patience. I know we've been presenting a lot of information to you. I appreciate everyone who stuck with us through this. I believe we're now able to begin taking your questions for the remainder of the call. I do want to note that for the Q&A period, we've included our partners from our DFC measures board. With us, we have the QIP team, University of Michigan Epidemiology and Cost Center, who our contracted measure developers, as well as representatives from the group of CMS that develops and maintains the ICH-CAHPS. Unfortunately, the CDC wasn't able to attend due to a conflict, but please feel free to submit any questions or comments for the NHSN bloodstream infection measure through the help desk, and we will get back to you in a timely fashion.

I would also like to note that in addition to Elena and myself, the CMS Dialysis Facility Compare team includes Dr. Jesse Roach, our in-house Nephrologist, and Golden Davis who works with Elena on public reporting for Dialysis Facility Compare. Thank you all very much, and we welcome your questions.

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QUESTION AND ANSWER SESSION

MODERATOR: Thank you so much for the presentation, Joel. We will now open the line for questions. If you have a question, please type it into the questions box, and we will read it aloud during this portion of the presentation. For now, we have one question which is what is TEP? ... Joel, would you like me to repeat the question?

JOEL ANDRESS: Yes, please repeat the question. I'm sorry. We had a conversation here, and we didn't hear it all.

MODERATOR: Oh, no worries. The question is, what is TEP?

JOEL ANDRESS: What is the TEP? Right. So, the TEP is a Technical Expert Panel. The purpose of convening it is for us to get expert recommendations from outside of CMS and our contracting team or contracted team. The Star Ratings TEP, which was convened in 2015, incorporated statistical experts and clinical experts who were able to provide recommendations regarding the scoring methodology and approach for the measure, but also included patients and patient advocates who were assisting us in identifying not only changes to the methodology that would make it more useful for patients, but also—and other consumers, but also would allow us to target new areas of quality information that would make the Star Ratings—that would increase the usefulness of the Star Ratings and Dialysis Facility Compare as a whole.

MODERATOR: Thank you Joel. The next question is I am inquiring about master account holder password resets. I know they are due to be reset in October, but I wanted to be sure they're not going to be reset prior to the release of the final five-star ratings on October 19, 2016. Please advise.

JOEL ANDRESS: Sure. So, the master account holder passwords are not going to interfere with the availability of your data. Your preview report has been available since July 15th of this year, and that hasn't changed for the vast majority of facilities pending a

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request for suppression if you submitted one. So, the master account holder won't prevent you from accessing those data that will be public on October 19th, and so that is not an issue. The only impact that the master account holder—not getting the password access would have is that it might delay your ability to participate in the preview period in November for the January release. So, it should not have any impact on your ability to see your Star Ratings in the preview your report now, and I hope that answers the question.

MODERATOR: Thank you Joel. The next question is, when will the 2015 five star results be released? We have received conflicting answers from the calendar posted online and from the UMKECC help desk. Can you confirm it will be 10/12, 10/17, 10/19, or another date?

JOEL ANDRESS: Certainly. So, the public reporting will begin on October 19th for the website. Now, of course, there's always the potential for operational delays. But that's where we're scheduled to begin the release of the—that's where we're scheduled to begin public reporting on the website and that's when it will be updated.

I would appreciate it, if you are getting conflicting information, if you can submit a comment that identifies where you're receiving the conflicting information, we'd appreciate it so that we can track it down and make sure that we have got the right information out there, but thank you.

MODERATOR: The next question is, concerning longstanding CVCs, in the new provision, is it going to be taken into consideration all resources have been exhausted allowing the clinic score not to be penalized?

JOEL ANDRESS: Thank you. That's a good question. So, this is something that was considered in depth by the Technical Expert Panel that reviewed vascular access measures, and certainly this is something that we had spent a fair amount of time on discussing how it might be accomplished. Ultimately, we were not able to come to a consensus about how this might be measured currently. We don't currently collect data that would allow us to identify this, and we

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didn't have consensus about what new data would need to be captured or how it would need to be validated in order to implement it for the quality measures. So, the shorter answer is that we do not include that as an exclusion criteria for the measure. That said, we are certainly interested in thoughts about how that might be accomplished in the future. So, if you have some ideas about how we might be able to do that, we would certainly appreciate hearing from you through the comments.

MODERATOR: The next question is, is any consideration given to clinics in the rural and economically disadvantaged areas in this assessment?

JOEL ANDRESS: So, the short answer to that is we do not currently risk adjust for SES or other factors like rural versus urban performance, although I will say in some cases we actually found that rural facilities actually performed better on many of our metrics than do urban facilities. So, I'm not sure the expected differences are necessarily present. This is something that CMS is addressing on a broader scope well outside of just the DFC or the ESRD quality programs. So, I think—so, once CMS has come to a final determination on how it wants to address the issue of adjusting for differences in sociodemographic characteristics, then that will certainly be applied here as well.

MODERATOR: The next question is a three-part question Joel. So, I'll read it all out, and if you'd like to me to repeat it, I'd be happy to do so. The question is, is it true that pediatrics are not included in ICH-CAHPS area for QIP? In addition, if that was included in your score, who do you contact to fix it if you still have not received a response. And lastly, how many areas will pediatrics be judged for 2017 payment?

JULIA ZUCCO: So, my name is Julia Zucco. I work on ICH-CAHPS at CMS. I can answer the first part. Currently, pediatrics is not included in ICH-CAHPS. It's 18 or over.

JOEL ANDRESS: Can you repeat the second part of the question please?

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MODERATOR: Sure. If that was included in your score, who do you contact to fix it if you still have not received a response?

ELENA BALOVLENKOV: A response to which question, about the ICH-CAHPS or related to Star Ratings or the measures data that were available during the preview period? Can you please clarify what your question is related to?

MODERATOR: Sure. The second question I believe relates back to the first question which was is it true that pediatrics are not included in the ICH-CAHPS area for QIP.

JOEL ANDRESS: Okay so I think ... Yeah. Stephanie, are you able to respond to this?

STEPHANIE FRILLING: No, actually I'm not sure about that for NHS QIP. So, I would just—you could direct that question to the ESRD QIP mailbox, and we'll follow up for you. But the second question, if you were referring to the payments, if you sent in a formal inquiry for your QIP score, I can tell you that the inquiry—excuse me, the preview period just closed on 9/30, and so we'll be spending the next 30 days responding to those formal inquiry requests. Did that answer the question?

ELENA BALOVLENKOV: May we have the last part of the question to be sure we covered everything?

MODERATOR: Sure. The last part of the question was how many areas will pediatrics be judged for for 2017 payment?

JOEL ANDRESS: I think the answer to that is that pediatrics are not—pediatric patients are not part of the ICH-CAHPS assessment. So, I don't believe that applies to the ESRD QIP payment determination.

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ELENA BALOVLENKOV: If you believe that you need additional information, please submit any clarifying questions to the help desk, and we'll be sure to get back to you. May we have the next question please?

MODERATOR: The next question is can the ranges for star scores be provided in future releases to give us a sense of what the cutoffs are for Star Ratings?

JOEL ANDRESS: This is Joel. So, I think we have certainly provided that information in the past at the June call. So, the link we provided in the slide deck can get you to—excuse me—can take you to the slide deck and transcript where we provided that information in the past. We can't provide it for future years yet because we haven't calculated those out. The process doesn't actually calculate it until the year ahead of the presentation. I think it's also important to note that the way that we do the scoring doesn't score individual measures by themselves, but rather creates an aggregate score. So, I'm not sure that setting that—it's not going to let you identify specific targets, although it will tell you how you're performing relative to other providers, and we do provide detail like that in the technical report on the Star Ratings methodology, which we have a link to in the slide deck.

MODERATOR: Thank you Joel. The next question is will the MAH password reset also include an erasing of all permissions previously granted through dialysisdata.org?

JOEL ANDRESS: Just a second. Let us confirm. ...Thank you for your patience. So, when we reset the master account passwords, the user names can still be used, but the passwords all have to be reset. So, nothing rolls over from the prior permissions. You need to reset those.

JOEL ANDRESS: Can we have the next question please?

MODERATOR: The next question is, the final data file available on the DFC site often contains less fields than the preview data file. Could additional information be added to the final file?

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JOEL ANDRESS: Hold on a second, please. ... So, I can't—okay. Thank you very much. So, I just want to say, it would probably be helpful if you gave us—sent us a comment at the help desk and gave us an idea of exactly what data you are looking for, additional data. The downloadable database can be modified. I don't want to commit to changing it in particular ways right now, but if we can talk with you, we can get a better sense of what it is you're looking for and consider whether or not that's something we can or should alter in the downloadable database that we provide.

MODERATOR: Thank you Joel. The next question is, what methodology will be used when new measures are added to the five Star Ratings. Will a baseline be determined? If so, how? Will the 10, 20, 40, 20, 10 distribution be applied?

JOEL ANDRESS: So, just a clarification point on this, when we add new measures, we do expect that we will need to reestablish a baseline simply because the scoring has changed substantially as a consequence of adding those new measures. So, yes. A new baseline would need to be established, and we would do it in the same fashion that we've established it here for this year's Star Ratings.

The way that we apply the 10, 20, 40, 20, 10 split now is different than how we did in the past. It's applied to the baseline year and where the score cutoff, we identify what score equates to those splits, and then those scores are used as comparison points for future years. So, that's used to identify where the cutoffs are, but then your performance is not held to that 10, 20, 40, 20, 10 split, and, in fact, if you look ... provided at the June call, you'll see that facilities were not held strictly to that split either. Your facility's performance can change, and the rating it receives depends upon its performance relative to the cutoffs identified in the baseline year.

MODERATOR: The next question is, when will CROWNWeb data be able to be verified by the facilities?

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JOEL ANDRESS: This is Joel again. I don't have the people on the line to be able to discuss the data verification for CROWNWeb. My recommendation would be that you can send us a comment. You could also send a comment to the CROWNWeb help desk where you may get more immediate results, but if you send us a comment to our help desk, we will certainly pass that along to CROWNWeb, but I don't have any control over data verification one way or the other within CROWNWeb.

MODERATOR: The next question is, should we be able to pull a 2017 preview report from dialysisdata.org?

JOEL ANDRESS: Yes, this is Joel again. You should be able to pull a 2016 preview report from dialysisdata.org. If you're not currently able to pull that, then I would highly recommend that you contact us at the help desk, and we will try to troubleshoot that for you immediately. The 2017 preview report will not be made available until July 15, 2017.

MODERATOR: The next question is will the ICH-CAHPS data be released to the same file as the five star measures and five star results?

JOEL ANDRESS: Yes, this is Joel. Yes, it will be included in the same—so it'll be included on the website, on the same website, and it will also be included in the downloadable database where you will be able to view the results by facility.

MODERATOR: The next question is, can you confirm that you are not modifying or adding additional five star measures for calendar year 2016?

JOEL ANDRESS: I can confirm that we are not adding additional measures to the Star Ratings methodology for 2016 or 2017. All of the candidate measures that we presented to you today for DCF or the Star Ratings would not go into effect on the public site until 2018.

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MODERATOR: The next question is, is there a way to get a list of common data issues that have been identified during the preview period so other centers can learn what to look for?

JOEL ANDRESS: So, one of the things that we have made an effort in the past is to develop an FAQ that identifies – that responds to questions that we commonly receive. So, the FAQ has incorporated a lot of those common issues onto it. I think if you're asking can we make an effort to incorporate data issues that have been raised to us or concerns that have been raised to us, then we can certainly make an effort to incorporate those in the FAQ. If it's an issue with the specifications for the measures, then as I said, we'll be incorporating our measures into the *ESRD Measures Manual*, and we actually have a separate JIRA process through which you can submit questions or queries and actually observe other comments that have been submitted on those same measures by others in the community, and Stephanie, you're on the line. So, you might be able to speak a little bit more to this than I can. Stephanie, are you there?

STEPHANIE FRILLING: Yes, I'm here. Thank you. Yes. So, we are updating the JIRA for January. That's right, we're using the JIRA process and updating the measure manual for payment year '17 on the QIP. I'm not sure what payment year that is for you or what rating year that is for you.

JOEL ANDRESS: Sure. So, I can clarify for that. Our intention right now is that because we are behind on the *ESRD Measures Manual*, we will be updating in January of 2017 to reflect the current state of Dialysis Facility Compare and then we won't be adding any new measures to 2017. So, it will still be in effect, and then in January 2018, we will reflect any changes that are going into effect for the 2018 DFC release in October of that year, but if you need the link to JIRA, you can submit a comment to the help desk. I don't think we incorporated a link here today, but we will certainly get you access to that link if you submit a comment and request it.

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MODERATOR: Thank you Joel. We just wanted to give everyone a reminder that we have about two minutes left. So, if you have a question, please type your question into the question box, and we will read it aloud. For any questions we are unable to get to today, please submit your questions to the dialysisdata.org help desk. For now, we do have a couple more questions. The next question is, what is the timeframe for responses to questions on our PSR reports?

JOEL ANDRESS: Stephanie, I think this question's for you.

STEPHANIE FRILLING: Yes. So, we had our preview period, and it ended on 9/30, and so for up until pretty much the end of October, the 30th of October we'll be reviewing those and finalizing the scores. So, anyone who submitted a response, either a clarifying question response or a formal inquiry, will be getting a response prior to the close of our review, which will be towards the end of this month.

MODERATOR: The next question is, can you explain why you've updated the data source for Kt/V from claims to CROWNWeb for performance year 2015, but did not update the data source from the baseline data taken from data from 2014?

JOEL ANDRESS: Just a moment while we confer. So, I don't think we have enough time to get into the intricacies of that question. So, if you can submit us a comment with the question, we will get back to you and discuss it either by email or I should say through the help desk or in person if it merits a call, but I think that's something we're going to need to talk about in detail before we can provide you with a response.

MODERATOR: Thank you Joel. We will now take our final question, which is which ICH-CAHPS scores will be posted on the DFC website: top box scores, aggregated scores for each domain, or one overall score? Joel, would you like me to repeat the question?

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CASEY PARROTTE: Hi. This is the group at U of MKECC. CMS has dropped off the line. They are trying to call back in right now.

MODERATOR: Thanks everyone for your patience. We're just going to give it one more minute to see if CMS is able to get back on the line. If not, for any additional questions, please just remember to submit your questions to dialysisdata.org help desk. We will give it just one more minute.

ELENA BALOVLENKOV: Hi, we got disconnected. Are we back on the call now?

MODERATOR: Yes, we can hear you.

ELENA BALOVLENKOV: I apologize.

JOEL ANDRESS: Yes, our apologies for that. Can you repeat the question?

MODERATOR: Absolutely. Which ICH-CAHPS scores will be posted on the DFC website: top box scores, aggregated scores for each domain, or one overall score?

JULIA ZUCCO: So, it's going to be a top box score for the three composite measures as well as the three global scores.

MODERATOR: Okay, great. Thank you, and that was the last question. So, I will now turn it over to Elena Balovlenkov to give the final remarks.

ELENA BALOVLENKOV: Hi. It's Elena. So, I want to thank you all for attending the call. I want to apologize for the technology glitch. I think it's really important we continue these calls and we continue to hear from you. If there are any questions left in the queue, we will be reviewing them, and one of the things we always do is look for patterns of questions both during

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the preview period and during these calls. Please don't hesitate if you did not get an opportunity to submit your call or needed some time to think about it and confer with others. Don't hesitate to submit your questions or comments, and again we will distribute calls to any members of the team whether it's the H-CAHPS team, the CDC, or the QIP team to make sure that we're going to be able to be as responsive to you as possible, and thank you again for your time, and we look forward to hearing from you and working with you again. Thank you very much.

(END)

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ANSWERS TO OUTSTANDING QUESTIONS

Question #1

Part One: Is true that pediatrics are not included in ICH-CAHPS area for QIP?

Answer: Yes – patients younger than 18 are not counted towards the eligible patient count that determines eligibility for the PY 2017 reporting measure or the clinical measure beginning in PY 2018.

Part Two: In addition, if it is included in your score, who do you contact to fix it if you still have not received a response?

Answer: Including pediatric patients in the eligible patient count can only help facilities that actually conduct the survey for PY 2017, because it will only increase the chances that the facility will avoid a score of N/A. Beginning with PY 2018, facilities should confer with survey vendors to ensure that patients younger than 18 do not receive surveys.

Part Three: Lastly, how many areas will pediatrics be judged for 2017 payment?

Answer: The following PY 2017 ESRD QIP measures include patients younger than 18:

- Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
- National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients
- Standardized Readmission Ratio (SRR)
- Mineral Metabolism Reporting
- Anemia Management Reporting

Question #2: Since a lot of the quality is coming from Crown Web, when will Crown Web data be able to be verified by the facilities so we can ensure all data is being received correctly?

Answer: All dialysis facilities have access to CROWNWeb to verify data per patient. CMS currently uses clinical data extracts from CROWNWeb to calculate several of our measures, including Kt/V dialysis adequacy and hypercalcemia. Patient-level detail regarding the calculations for your facility may be

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obtained upon request through our DialysisData.org website. If you would like to access patient-level data for Dialysis Facility Compare, please log into the secure portion of DialysisData.org and submit a Comment to request the patient lists. The patient lists provide the names and measure data for patients included in Tables 1-4 of the current quarterly DFC Preview Report. For the QDFC-Preview for October report, there are not separate patient lists for DFC star rating calculation (Table 4) as they are the same as patient lists for Tables 1-3.

Question #3: Can you explain why you updated the data source for Kt/V from claims to CROWNWeb for performance year 2015, but did not update the data source in the baseline data taken from data from 2014.

Answer: In the updated star rating methodology, both baseline (2014) and current (2015) year data include the new Kt/V methodology that primarily uses data from CROWNWeb with missing or out of range data supplemented from Medicare claims.