

October 25, 2017 Dialysis Facility Compare National Provider Call

Moderator: Hello, and 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, Joel Address, End-Stage Renal Disease Measure's Development Lead in the Division of Quality Measurement at CMS. And Judith Lynch, ICH CAHPS Project Director at RTI International. Elena will provide an overview on Dialysis Facility Compare Star Ratings and a status update for October 2017. Joel and Judith will provide a measures-and-methodology update on the Dialysis Facility Compare 2018 release. And, finally, we will end the presentation with an update on the new Dialysis Facility Compare measures and measure-implementation process. Following the presentation, subject-matter experts from CMS, RTI, and UMKECC will be available to address questions. You can provide your feedback and submit your question to the presentation using 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. Elena, you may begin.

Elena Balovlenkov: Thank you very much. So, I just wanted to welcome you all to the call and tell you that we're very excited about the opportunity to interact again with the community and to bring you up-to-date on what is going on with measure development, with Dialysis Facility Compare and Star Ratings. So, again, I'd like to welcome you to the call. Next slide, please.

So, we often know that there are new people on the call, so I will be going over a little bit of background information. The big thing to remember is that the Dialysis Facility Compare site

has existed for several years. And actually what has occurred is over time we've been working really hard to transition the DFC website from a site that was used mostly by providers to one that is used by patients. And so this action has been done in response to a national call for greater transparency because patients want to know what's going on in the community in terms of quality of care so that they can make informed decisions and also that the information that they can obtain from the site will assist them in having discussions with their provider team and also to assist them when they travel. And we try to be as comprehensive as possible with the information that we give patients to help them have a discussion in their dialysis center. Next slide, please.

So, the big thing about the DFC highlights is that we actually have been around since January of 2015. Since that time, we've had two TEPs. A representation by patients has increased. Our last TEP had almost 50 percent patient representation. And we think that that's really important because we do want to hear from the community. And when we talk about the community, we know that we are also talking about clinicians, advocacy groups, patients, others that are invested in the care of dialysis patients. But the biggest thing for me as the DFC lead is to continue to engage with our community. Next slide, please.

So, the one thing that we really believe is that we need to keep going back to the community to get information. And to that end, what we've been hearing from the community, as we look at the website, is that we need to improve the responsiveness of the website for those individuals who are accessing the site through their tablets, through their smartphones. So, it's one of the things that we're looking at because we're finding that as people pay more and more for cellphones that

there are people who do not have computers in the home. So, this is something that we're working on, and one of the things that we also are looking at and have developed, in English and in Spanish, is a toolkit that is available to physicians, to dialysis centers to help educate patients on the use of Dialysis Facility Compare and the information that is on the site to assist them in their communication with their facility. Next slide, please.

The other thing we did this year as we continue our outreach is that we had a patient summit in April of this year, and we worked closely with NORC at the University of Chicago and the American Association of Kidney Patients to have a full-day discussion with ESRD patients and caregivers. And what was really nice is that we had representation from five different organizations -- dialysis patient citizens, NKF, AAKP, and others. So, we felt like we had a representative sample because people join different groups for different reasons. And so, while we had 16 patients who were invited, we had 12 patients who were actually able to participate. And the thing that was important for us is that we got to work directly with representatives from all of the advocacy groups and that what this did was give us an opportunity to also hear from caregivers about some of the information that they found easy or difficult to access. And the big thing that's important for us is that we had a varied age group, as well, not just in terms of the representation from the different advocacy groups, but also we had a varied population, as well. Next slide, please.

What was really good for us were the takeaways, and the things that we learned were really important in the fact that patients want information based on where they are in their disease process, whether it's AKI, CKD, ESRD 4 or 5. What they want is they want information that is

tailored to their need at the time because it can be extremely overwhelming. The other thing that we heard from the community is that patients dialyze to live. They don't live to dialyze and that we needed to change our representation of patients to demonstrate that it wasn't always an elderly person attached to a machine, that we have patients who work, we have patients who are mom and dads, that are college students. So, we've worked diligently to see about changing those graphics so that we can be sure that the images that we're sending out are not just those of a sick population, I guess I would say, but those people that are successful in managing their disease and want to provide hope to the community. The other thing was is that patients felt strongly that patients needed information, even if they didn't want it, because oftentimes the information can be overwhelming, can be frightening and that providing information -- one, it can also provide hope when you talk to patients that are successful in managing their disease and are willing to share information with you. And, also, that it gives you an opportunity to, I guess the best way to say it is to bite off information in small chunks, especially as we tailor it to where you are in your disease process. And the other thing we learned is that Medicare is a trusted source of information for this population. Next slide, please.

So, one of the things that we looked at is what our key takeaways are, and some are long term and some are short term, but to look to incorporate this feedback into the DFC, that what we've looked at is reorganizing the page. We're looking at changing the visuals that we use as we reach out to the community, that we're looking to be sensitive to the terminology that we use when we address information about patients, either in written literature or spoken literature, that we consider all of the feedback in terms of the growth and development of the Dialysis Facility Compare website, and that we also consider meeting with patients that are less engaged in the

community that we normally do not meet with, people who may have a lower level of health literacy or have problems accessing health care information. So, that's one of the things that we are also working on. Next slide, please.

So, let's talk about the reason I think that a lot of people are on the call today is for us to give you an update as to where we are currently with the October update. Next slide, please.

So, there are some key points on this slide, and just so you know, the slides will be posted so that you don't have to write madly. CMS will not publish the data from the Quarterly Dialysis Facility Compare Preview for October 2017. That report will not be on the Dialysis Facility Compare website. The Star Ratings and the measures that have been available since July 2017 will remain until the next update. And the reason for that is that we believe that it's important that patients have access to information so information was not taken down, that they will have information that is current as possible until the next information is added. The date of the next update is not available, but CMS will continue to keep the community informed through e-blasts, through provider calls, and that we just wanted you to be aware that we've completed our investigation into the completeness of the data, but due to operational constraints, we will not be able to update the measure results immediately. And we'll talk about that as we go through the presentation. So, please note that the date for the next update is not yet available, but the next slide will review what will be updated in January 2018. Next slide, please.

So, I'm going to go over this point by point just for emphasis. So, the following measures will be updated on the site in January 2018, and you will be able to see it ahead of time during the

preview period in November 2017. And it's the Standardized Transfusion Ratio, the Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, Vascular Access type -- Fistula and Catheter measures -- the NHSN Bloodstream Infection, the In-Center Hemodialysis HCAHPS. So those are the ones that will be updated, and, again, you will be able to preview them in the November preview period. The following measures will not be updated in January 2018 -- Kt/V and also the proportion of patients with hypercalcemia. So, you'll notice in terms of the Kt/V that you'll see on the slide that it says includes all four measures -- pediatric, adult, pediatric pedi and hemo, adult pedi and hemo. Okay? Next slide.

The other thing that we want to be sure that you're aware, that during the preview period, it was determined that we had incomplete nursing-home data for calendar year 2016 for most of the dialysis facilities in 11 states. As a result, the following measures will be recalculated for all facilities using the more complete nursing-home data -- the Standardized Mortality Ratio, the Standardized Hospitalization Ratio, and the Standardized Transfusion Ratio. Again, those measures will be recalculated for all facilities using the more complete nursing-home data. What you will find is that most facilities will notice a small change to these measures. The revised measure calculations will be available during the November preview period, and you will be able to see them before they are posted in January 2018. Again, it's important to note that on your November preview period, SMR, SHR, STR will have small changes from the July/August 2017 preview period, and we just went over why. That SRR, the NHSN BSI measure, and HCAHP measures will be exactly the same as they were previewed in the July/August preview period. That's going to access fistula and catheter will be rolled forward one quarter so the reporting will

be for April 2016 through March 2017. Kt/V, hypercalcemia, and Star Ratings will not be updated. Next slide, please.

So, some other information that's important to know is that recalculating Kt/V, hypercalcemia, and phosphorous measures, that what was found was that a subset of patients who had clinical data included in the CROWNWeb system but did not have a 2728 form, which you're all familiar with, available in the CROWNWeb system on the date that the extract, the day the extract was created, had clinical data removed from the extract. These measures will be recalculated once the complete data is available. Now, just so you understand, to be included in the data extract used to calculate the DFC measures, the following criteria must be met for CROWNWeb data. The record for the patient, provider, the month must be in the "submitted" state. Records that are in the "saved" state will not be included. The record for the patient, provider, the month must not have the "No Clinical Data Available" flag set in order to retrieve any values. So, again, the record for a patient, provider or month must not have the "No Clinical Data Available" flag in order to be able to retrieve the values. Joel, I'll turn the presentation over to you now.

Joel Andress: Thank you, Elena. Good afternoon, everyone. I'm Joel Andress. I'm the ESRD Measures Lead here at CMS. In this upcoming section, I'll be discussing the updates to the DFC measures set, as well as updates to the DFC Star Rating, quality-measure set, and methodology. Turn to the next slide, please. Thank you.

Last year, we presented a number of quality-measure updates and a new candidate measure for public reporting on Dialysis Facility Compare. These measures were then privately previewed by

facilities as part of our July and August 2017 preview report. Based on stakeholder inputs and our own internal evaluation, we're announcing our intention to begin public reporting of these measures on DFC in October 2018. Most of these measures that you see up here will be updated versions of measures of which you are already familiar, while one measure, the nPCR reporting measure, is new to Dialysis Facility Compare. We've already discussed in previous presentations the updates that will be occurring for these measures, but I want to go over them just briefly for you. Hypercalcemia will be updated to include missing values in the numerator calculation. So, the patient included in the measured denominator for facility who is missing calcium values for the entire reporting quarter will be counted as having hypercalcemia for that reporting period. The Standardized Hospitalization and Standardized Mortality Ratio measures have been updated to adjust for a set of prevalent comorbidities. And the SMR is now going to be restricted to only Medicare patients, reflecting an operational need due to the inclusion of claims data for risk adjusting for these comorbidities. The Standardized Transfusion Ratio has also been updated to reflect a more conservative method of identifying transfusions. And we are replacing the current pair of vascular access type measures with two measures developed recently by a new TEP in 2015 and which were recently endorsed by the National Quality Forum. And then, finally, we'll be adding the nPCR to the Dialysis Facility Compare website for reporting. All other measures currently on DFC will remain the same. That is, the specifications have not been updated for those measures. And reporting for these measures publicly are as planned to begin in October of 2018. Next slide, please.

A large part of the work we've been engaged in this past year has been addressing the need for updates to the Star Rating methodology. For that purpose, we convened a Technical Expert Panel

in February of this year. There are a number of issues that they were asked to provide us with feedback on. These included evaluation of the current measure set and candidate measures to make recommendations regarding retirements or implementation of these measures, the starring scoring methodology, and the manner in which we present the Star Ratings on the Dialysis Facility Compare website to maximize usefulness to patients. Next slide, please.

We previously reviewed the recommendations for the TEP during our summer national provider call, but we re-present them here for your convenience. And, as well, we're providing a link to the Technical Expert Panel final report at the bottom of the slide so you can review the recommendations that were made by the TEP. The TEP supported updating the measure sets to reflect NQF-endorsed specifications and the replacement of the existing vascular-access-type measures with the more recently developed and endorsed Standardized Fistula Rate and Long-Term Catheter Rate measures. The TEP also provided consensus support to the implementation of the Pediatric PD Kt/V measure and supported adding the ICH CAHPS as a companion Star Rating to the existing rating based on clinical performance measures. The TEP also provided input for establishing a process for re-baselining the Star Ratings. Next slide, please.

These have also considered the implementation of the Standardized Readmission Ratio and the NHSN Standardized Infection Ratio. The majority of the TEP supported the implementation of the SRR, or readmission ratio, but did not reach the 60 percent threshold set for consensus. The majority of the TEP did not support the inclusion of the NHSN Standardized Infection Ratio.

Can you go to the next slide, please? Thank you very much.

On this slide and the next few slides, we'll be discussing the decisions that CMS has made based upon the TEP's recommendations, as well as our own internal deliberations with regard to the Star Ratings. Per the TEP's recommendations, we will be updating the following measures for use in the Star Ratings in a manner consistent with the NQF-endorsed specifications. These are the Standardized Fistula Rates, Long-term Catheter Rate, the Standardized Mortality, Hospitalization, and Transfusion Ratios, and the Hypercalcemia measure. Also, per the TEP's recommendations, we will be including the Pediatric PD Kt/V measure and the Total Kt/V measure for use in the Star Ratings calculation. Given the majority support for the SRR and the importance of considering the coordination of care for ESRD dialysis patients following discharge from acute care, CMS has also decided to include the SRR in the Star Ratings as part of the standardized outcome's domain. Finally, per the recommendations of the Star Ratings TEP, we will implement the ICH CAHPS as a companion Star Rating for the patient experiences. This approach is consistent with that use for the CAHPS Star Rating on hospital compare, and it will be discussed in more detail by Judy Lynch shortly. Note that the NHSN and Standardized Infection Ratio Measure will continue to be publicly reported on Dialysis Facility Compare but will not contribute to the Star Ratings. Greater details on the changes are available in the technical notes, accessible through the link at the bottom of the slide. Next slide, please.

Because we're making so many measure changes to the Star Ratings this year, the TEP recognized, and CMS agrees, that it was necessary to incorporate an approach, to develop an approach for incorporating measures without automatically resetting the Star Rating distribution every time we seek to do so. Per those discussions, in the October 2018 Star Rating, we'll be using this calendar-year 2016 data to calculate a new set of cutoffs that define the Star Ratings

using the new, updated measure set. As a consequence, your improved performance since the 2016 Star Ratings will not be lost, and we will not be returning to a more normal distribution in 2018. If you'll recall, the much-beloved 10-20-40-20-10 distribution -- we will not be resetting to that in 2018. And instead, what we'll be doing is recalculating the definition points for those individual Star Rating categories using the new measure set but assuming a resumption of the same distribution that you will see for the calendar year 2016 data under the old methodology. We did discuss options with the TEP for resetting the performance distribution in the event of continued improvement ultimately skewed the Star Ratings in such a way as to limit their usefulness to patients, and we will be discussing the outcomes of those discussions shortly. Can you turn to the next slide, please? Thank you.

So, finally, the purpose of this slide is simply to show you the full measure set that will be implemented as part of the clinical Star Rating calculation in October of 2018. This includes all measures that are being updated and new measures that will be implemented as a result of our technological updates for this year. Again, we provide detailed technical notes for the Star Rating methodology at the bottom of the slide here through a link. Can you turn to the next slide, please? Thank you.

Because the clinical Star Ratings retain the same performance distribution over time, or the cutoffs retain the same values over time, they are subject to the risk of an increasingly skewed distribution of performance, which is potentially problematic for a few reasons. First, it limits the amount of information available to patients through the Star Ratings. And second, it fails to incentivize continuous improvement among providers to meet patients' needs. As a consequence

of that and through the discussions we had with the TEP and our own internal deliberations, we laid out a process by which we believe we can fairly reset the distribution without unduly disrupting the Star Ratings. First, we intend to retain a particular set of cutoffs for a period of at least three years. Once a reset occurs, we will not reset for a minimum of three years. As an example, we established the baseline methodology in October 2016, and so we do not intend to consider a reset until we go past this year, in 2017, and then 2018. And so, the first year that we may consider a reset would be 2019 under this approach. After the third year has passed, CMS intends to evaluate the percentage of facilities that are currently receiving 1 or 2 Star Ratings. If that percentage falls below 15 percent, we will consider the need for resetting the distribution the following year. And this approach, we believe, minimizes the disruption of changes to the measure set while encouraging continuous improvement and ensuring useful information to patients. And one thing I do want to make sure that I note to you, the inclusion of new measures does not automatically set off a resetting of the distribution. And this is a key element of the methodology that we discussed in the TEP and that we wanted to implement with the changes this year. Please turn to the next slide, please. Thank you.

And now I'll hand over the discussion to Judy Lynch, who will discuss the ICH CAHPS Star Ratings and survey results.

Judith Lynch: Thank you, Joel. Good afternoon, everyone. This is Judy Lynch. I'm the project director with RTI International. RTI is assisting CMS with the national implementation of the ICH CAHPS survey. Next slide, please.

The ICH CAHPS survey is conducted on a semiannual basis with samples of hemodialysis patients. And the two semiannual surveys are referred to as the spring survey and the fall survey. The survey questionnaire contains 62 survey items, with 43 of those items being considered "Core CAHPS" survey items. The other survey items ask for demographic information and about the patient having certain conditions and illnesses. How does CMS ensure the quality of data collected in the survey? First, the survey is conducted by multiple, independent survey vendors who are trained and approved by CMS. Each ICH facility has to contract with one of the approved survey vendors. There are currently 15 such vendors who are approved, 11 of which currently have clients for which they're administering the survey. We provide ongoing training of all survey vendors. The vendors, before they are even accepted as an ICH CAHPS survey vendor, have to participate in a 5-to-8-hour training session, and then, each year thereafter, they are required to participate in what we refer to as a vendor-update training session. So, we also provide oversight to survey vendors. We visit the survey vendors. We actually observe their operations when they're conducting mail- and telephone-survey data-collection activities. And we also audit the data that they're collecting or have collected that's housed in their data systems as the survey is under way. In addition to the oversight visits, we do also examine the work completed by vendors and assess the quality of the data. And if there are issues with the data, we do also hold telephone conference calls with individual vendors as needed to discuss their protocols. We are slated to visit each vendor at least once each 12-month period. However, if we find problems with the data, we will follow up with a second, in-person visit. We have a dedicated website that's multipurpose, but we make sure the vendors are updated and have information about any changes to the survey or any issues that would affect survey administration. We use that website to disseminate information. For example, recently because

of facilities that are located in hurricane-impacted areas, we were able to quickly disseminate information about what to do in regards to the survey in those hurricane-impacted areas. We also put quite a bit of effort into reviewing the data once that's submitted to the RTI ICH CAHPS data center. We internally at RTI have quite an extensive list of checks that we make. These are basically machine edits, and that process often results in communicating with the survey vendors to get them to clarify something that we think might be a data issue but for which the vendor might have a response or be able to provide clarification. And we look at -- we do other things to review the quality of the data, to pick out anomalies. We look to see, for example, there's a question that asks about pain when needles are inserted. There might be a situation, for example, whereby all the respondents said they didn't have any pain because they inserted their own needles. Well, something like that is something that we would look for when we're assessing the quality of the data submitted. Next slide, please.

CMS began reporting results from the ICH CAHPS website on the Dialysis Facility Compare in October 2016. Starting this year, CMS updates or refreshed those results twice each year. So far, the results were updated, and currently they're being updated in April and October of each year. But that could be subject to change. The results that are publicly reported are based on data from the two most recent survey periods. And the results that are publicly reported for a facility are combined for the two survey periods. So, during each public-reporting period, we will drop the oldest data and replace it with the data from the most recent survey period that was completed. CMS reports top-box scores, and what that means is that these are what we call the most positive, most favorable scores on the DFC. Next slide.

What does CMS report? There are six measures that are reported, based on survey data, and three of them are what we refer to as composite measures, and three of them are global ratings. The composite measures are a set of survey items that ask about similar or related self-care dimensions. There are three of them. The first one is kidney doctors' communication and caring. It is comprised of six survey items. The second composite is dialysis center care and staff care and operations. And it has 17 survey items. And the last composite is providing information to patients, and it has nine survey items. The three global ratings are individual questions, and they basically ask on a scale of 0 to 10 how to rate the kidney doctor, which is the first of the global ratings. On that 0 to 10 scale, 0 is the worst possible, and 10 is the best possible. So, the three global ratings are rating of kidney doctors, rating of dialysis center staff, and rating of the dialysis center. Next slide, please.

You've heard about Star Ratings. What are Star Ratings? Star Ratings summarize performance using symbols to help consumers quickly and easily understand quality of care information. They spotlight difference in healthcare quality and identify areas for improvement. And they have been proven to be useful to consumers, consumer advocates, health care providers, and other stakeholders. Next slide.

I'm going to talk a little bit about how Star Ratings for the ICH CAHPS measures are calculated, but first I'd like to present some general information. On this slide, you can see that Star Ratings from the ICH CAHPS survey will be based on the same data as the ICH CAHPS measures that are publicly reported on the DFC. And those are the three composite measures and the three global ratings that I just talked about. CMS is currently using Star Ratings on other CAHPS

surveys, including the hospital CAHPS. We referred to that, and you do probably, as well, as HCAHPS, and on the home health care CAHPS survey. Star Ratings are also used on the CMS Part "C" and Part "D" Star Ratings program. And you'll see on the footnote on this and the subsequent slides that there are some methods that we will be using to calculate Star Ratings, and they are technical reports, and you can click that link at the bottom. Next slide.

In the next couple of slides, I will be discussing the methods that we use to calculate the Star Ratings. There are basically two steps. The first step is to construct and adjust linearized scores. For Star Ratings, we use all of the survey responses to the core CAHPS questions. We then convert individual survey responses into linear scores on a 0-to-100-point scale. Composite scores are based on the mean of the linearized responses to the questions that are included in each composite measure. Next slide.

After we create the linearized scores, we then adjust them for mode effects and patient mix. CMS and RTI conducted a mode experiment. And, by the way, there are three approved modes that survey vendors can use when administering the survey, and they are mail only, telephone only, and mixed modes. It was found only that the mode experiment that patient responses or their assessments of certain aspects of their dialysis care varied based on the data-collection mode that was used. So, we adjust for mode effects, and we also adjust, conduct what we call patient-mix adjustment. We found on this project, as well as on other CAHPS surveys, that patients with different characteristics tend to respond, some more favorably than others. So, we try to adjust based on factors that are not looked in the control of the ICH facility. So, patient mix is basically a way in which to level the playing field among all ICH facilities by adjusting for patient

characteristics that might affect their response tendencies. So, what are the patient-mix factors that we use? There are 13 patient mix, or patient characteristics, that we use, and I won't list all of them. They are included in the technical report. But some of those are presented on this slide, and they include age, gender, self-reported health status, overall health status, education, years a patient has been on dialysis, and selected diseases and conditions. Most of the adjustment factors come from the patient survey. That is their self-reporting. Next slide.

So, the second step of creating the Star Ratings would involve clustering. We convert the linearized scores using a clustering technique, which is applied to the adjusted linearized scores for any CCN with 30 or more completed surveys. And I might have mentioned that in order for a CCN or an ICH facility's scores to be publicly reported, that facility needs to have 30 completed surveys combined over the two survey periods included in the public-reporting period. Adjusted scores are rounded to the nearest whole number prior to clustering. We aren't going to use half stars, like some movie ratings do. Clustering identifies star groups that maximize differences between groups and minimizes differences within groups. And there's a note here that there are no predetermined quotas on the number of ICH facilities that would be included in any star category. A 1, 2, 3, 4, or 5 star is assigned to each ICH CAHPS measure based on cluster assignments. Next slide.

So, we use cut points, also referred to as boundaries, for star assignments, and these are derived from the range of individual-measure Star Ratings in each cluster. The star levels associated with each cluster are determined by ordering the means of each cluster. During each public-reporting period, the cut points will be re-estimated and made available to ICH facilities in a preview

report. CMS will also present the linearized scores for each measure to ICH facilities via the preview report. And now I will turn this back over to Joel.

Joel Andres: Thank you, Judy. Appreciate it. Welcome back. To continue -- this next section is discussing the measure candidates that we want to present to you for your comments over the next 60 days and also to remind you about the process for commenting and invite you to suggest to us your measures, as well. Next slide, please. Next slide, please. Thank you.

So, the two measures that we want to present to you for consideration as measure candidates are both claims-based measures developed in the recent 2015 Access to Transplantation Technical Expert Panel project. The first measure is the percentage of Prevalent Patients Waitlisted, and its companion is the Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients. The primary difference between these two measures is that one is a measure of prevalent waitlisting, while the second measure is a measure of incident waitlisting for new patients. They're intended to be reported in tandem, and so we'd appreciate it if you'd consider offering your comments with that consideration in mind. We'll discuss shortly the timeline for that. Next slide, please.

The measure specifications for these measures may be found at the link on this slide for you to review and inform your comments. We certainly invite you to take a look. If you have any questions with regard to the specifications themselves, then please feel free to incorporate that within your comments. Next slide, please.

And then on the process of commenting -- let's just go to the next slide. Thank you.

We'll be accepting comments beginning today, and that comment period will continue through December 31st of this year. We invite you to comment on the measure candidates that we've presented to you here, as well as -- and we also invite you to suggest additional measure candidates, either for reporting on Dialysis Facility Compare alone or for consideration of incorporation into the Star Ratings methodology. Next slide, please.

If you'd like to submit a candidate measure of your own, we have a set of criteria that we established last year at this October call. The specifics are on the slide, but basically we're asking that you provide us a complete set of specifications with supporting evidence and testing that will allow us to evaluate the appropriateness of the measure for the program. And we recommend that you consider using NQF Measure Submission Form as your guide regarding the kind of information that we'll find useful in our evaluation. You may submit these to the dialysisdata@umich.edu e-mail address, which is provided later in this presentation, on slide 41. All right. Thank you for sticking with us, and now I'll hand over control of the presentation to Haley, who will begin our question-and-answering session.

Moderator: Thank you, Joel. As a reminder, please enter your questions through the chat box. Subject-matter experts from CMS, RTI, and UMKECC 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 this call.

Okay, our first question comes from Ryan Szatkowski. "Do you need a specific number of patients per year to qualify for the DFC site? Our information always shows not available, and I believe this is because we do not qualify due to our low consensus."

Joel Andress: Yes, thank you. So, the qualifications for being reported on a measure are specific to the individual quality measures. It depends on the type of measure and the methodology used for it. I think probably we shouldn't go over it here, but we can get you access to the information on the website, which can point out what the minimum thresholds are for our reporting of the measures. The reason we've implemented those are twofold. One, we want to ensure that we have sufficient data to provide a minimum degree of reliability in the assessment of facilities that we're publicly reporting. And the second issue is one of preservation of patient confidentiality. We don't want to report a number so small that it might be possible to unmask who a particular patient is and what may have happened to them, those captured within the measure. Thank you.

Moderator: Our next question comes from John Cocchieri. "My question is that in this day and age, more and more people, including patients, have smartphones and are on them almost 24/7. Have you thought about possibly developing an app in the future?"

Elena Balovlenkov: Actually, we don't have an app, but we would welcome community input on creation of an app. Right now our focus has been on doing usability testing for the presentation of Dialysis Facility Compare and the Star Ratings on tablets and on smartphones, but that is an excellent suggestion, and we will continue to move that forward. But, again, we also would welcome applications that are created by the community. There actually are some

versions that have been adopted by some of the LDOs that will point you to Star Ratings and quality results. So, thank you for that question.

Moderator: Thank you, Elena. Our next question comes from Andrea Besharat, and her question is, "When the DFC site is updated in January 2018, what is the time period? Will it be all of 2016, or is it the second quarter of 2016 through the first quarter of 2017?"

Joel Andres: That's a good question, Andrea. Thank you for bringing it up. So, what will be happening is that for the -- excuse me just a second. Sorry. With regard to the Standardized Mortality Ratio, Standardized Hospitalization Ratio, all of the measures that are updated on an annual basis, what will be reported are the data that you would normally see released in October this year. So, because these measures are not updated on a quarterly basis, you don't see rolling changes throughout the year, and so, what would be reported in January for those measures would be the calendar year 2016 data. For the vascular access measures, we would roll those data forward one quarter. So, what will be publicly reported in January would be from April 2016 through March 2017, which is what we would normally report in January. I do note that we are going to be taking steps to ensure that we have archived data reflecting the October data, particularly for those measures where we'll be rolling forward data. So, that will be available at a future date. We haven't yet determined when that will be. And then for the ICH CAHPS measure, which is updated twice annually, we'll be updating in January the data that would have been updated in October of this year. And so, I would actually have to go back and check to see what the time periods for those are, but I believe they're typically posted on the website. And it would be the two most recent survey periods.

Debra Dean-Whitaker: Joel, this is Debra Dean-Whittaker from the CMS ICH CAHPS team. Judy, please correct me if I'm wrong, but I believe it will be the ICH CAHPS data for fall 2016 and spring of 2017.

Judith Lynch: If they were, the ones that were supposed to have been reported in October this year, October 27th, would be reflected on the two survey periods in 2016. What will be reported in April 2017 will be fall 2016 and spring 2017.

Debra Dean-Whitaker: Okay, thank you, Judy.

Joel Andress: Sorry, Judy. Just to clarify -- that's what will be reported in April 2018, correct?

Judith Lynch: I'm sorry -- yes. Thank you, Joel. So, again, in April 2018, the two survey periods combined would be 2016 fall and 2017 spring. Those results will appear in April of 2018, not 2017.

Moderator: All right. Our next question comes from Susan Blankschaen. "Is the nursing-home data updated after the initial 2728? If so, what is the data source?"

Joel Andress: Thank you. This is Joel. So, the data that we use for nursing-home data is from the MDFs. It's updated annually for us. We use it a risk-adjustment item for a handful of our measures. And so, it's updated annually, and it essentially consists of binary indicator of whether

or not the patient received service in a nursing home during that time period. It's not based on the 2728 at all.

Moderator: Our next question is from Paul Smith. "Will the Kt/V value include all patients or Medicare-only patients?"

Joel Andres: Thank you for asking. The measures that we've incorporated on Dialysis Facility Compare include all patients. So, it comes from the CROWNWeb data source. So, it includes non-Medicare patients, as well as Medicare patients. Thank you.

Moderator: Our next question is from Nicole Rhodes. "Regarding the long-term catheter-rate measure, will exclusions be considered for patients that are not a candidate for permanent access or patients that refuse permanent access?"

Joel Andres: Thank you for the question. So, this is probably more, could be more directly addressed by the links that we had on one of those slides with the measure specifications, and I'm looking through to see what slide that is. The answer to that is yes and no. Okay, it's on slide 35. So, if you look there, you can see the measure specifications for this and the other quality measures. We do incorporate some exclusions that address patients with a limited life expectancy, where we would anticipate that it may be inappropriate to seek placement of a fistula, for instance. For patient refusal, this was a matter of discussion by the TEPs at some length. They did not come to a consensus regarding an appropriate way to do this that would not

also be resilient to issues like gaming, and so that is not currently an exclusion with the catheter measure. Thank you.

Moderator: All right, it looks like we have a follow-up question from Andrea Besharat, and her question is, "Is CMS concerned about using 2016 as the baseline for the 5-star rating system, given the data concerns with adequacy in calcium in 2016? Will CMS wait until these measures have been fixed to recalculate the baseline, and will CMS release the new baseline? We believe this is important transparency."

Joel Andres: Thank you, Andrea. I appreciate the question. So, I think the answer to this is yes, we expect to have the data issues wrangled out. That's part of why we've taken so long to assess the issues and figure out what they were and come up with a solution for them. We don't like to delay reporting the measures, but I think the commitment to having accurate data available is certainly foremost in our mind when we do delay the presentation on DFC and elsewhere. So, I think the short answer to your question is yes, we plan to have the data figured out before we make use of the data for any purpose, such as public reporting or for creating a baseline of performance for the Star Ratings or really for any other public-reporting purpose. I don't know that we've discussed the question of presenting the baseline data except in the context that we present it, with regard to Star Rating performance, but that's something that we'll take back and talk about before I can give you a really solid answer on it. But it's good to know that that's something that you're interested in seeing. We appreciate that. Thank you.

Moderator: Our next question is from Susan Senich. "The hypercalcemia measure is a three-month rolling period. How does missing one month of data for a patient determine if the patient has hypercalcemia?"

Joel Andres: Thank you. So, the way this works is if you have no months of data, then you're considered to have hypercalcemia. If you have one month of data, then your value is the value for that month. If you have two or three months of data within that rolling period, then it's an average of those data elements, and that's defined as the patient's value for the measure for that time period.

Moderator: Okay, great. Thank you, Joel. And it looks like we have time for one more question. So, just as another reminder, if your question was not answered during this call, CMS will address all remaining questions via e-mail following today's call. So, today's last question is, again, from Susan Senich, "How are the grafts reviewed under the VHE measure?"

Joel Andres: The grafts -- okay, thank you. So, part of the driving force in developing these two new measures was a series of concerns that have been raised within the community that we had essentially laid out a circumstance in which there were no circumstances when it would be appropriate for a provider to give a patient a graft or a catheter and that in our review of the available evidence that didn't pan out, frankly, and so we decided to pursue development of these measures to address those issues. So, what we came out with was first and foremost within the fistula measure, we developed a risk-adjustment approach, that risk-adjusted for factors that might result in difficulty in placing or continuing to maturity a fistula. And the purpose of this is

to reflect the fact that when patients experience these, that it may be more reasonable for them to have a graft. And the result is that if you have patients who exhibit these circumstances within the data, then them not having a fistula is less impactful to the quality measures and to their assessment. So, the risk adjustment for the fistula measure is designed to take those circumstances into account, and that was one of the primary keystones we were looking at with the TEPs when we developed these measures. In further considerations, we added additional excluding criteria. For example, limited life expectancy, to simply exclude these kinds of patients from the measures entirely, as we believe that was the more appropriate approach for patients who were diagnosed with terminal illness or suffered under some other similar circumstance. Thank you.

Moderator: Thank you so much. And, Elena, we will now turn it back over to you to close the call.

Elena Balovlenkov: Thank you very much. So, we just wanted to be sure that since we gave you a lot of information today that we also gave you the opportunity to look at some of the information online.

So, on the next slide, you'll see that there are resources listed for measures specification, also for the Star Ratings methodology. And, more importantly, on the next slide is that we really do welcome questions from the community.

And so, what we've done is categorized it to make it easier for you to get the right answer from the right person, so that if you have questions about Star Ratings, the methodology, measure specifications, you have one e-mail to use. If you have questions about CROWNWeb data submission -- we talked about that little bit today -- we gave you the CROWNWeb resource. And then, thirdly, we talked about HCAHPS today, is that if you have questions about the survey, you can send them directly to them. And so that, in addition, any questions that were left in the cue that we did not get to, we will be responding to, as we will for questions that are received at any of these three websites that we gave you. And, again, I want to thank you for your time and thank you again for working with us on this because it really is important to us to hear from the community and to be able to take your input and implement it as best we can.

Thank you again.