

Centers for Medicare & Medicaid Services (CMS)

2016 Dialysis Facility Compare – Measures Update

Held on August 31, 2016

WEBINAR

MODERATOR: Good afternoon everyone and thank you for joining today's Dialysis Facility Compare Measures Updates webinar. Today we will hear from Joel Andress, an ESRD Measures Development Lead on measure updates relevant to Dialysis Facility Compare. Following Joel's presentation, we will open the line for questions. To ask a question, you can either type your question into the questions box or raise your hand and CMS will unmute your line. If you're listening through your computer speakers, you must have your microphone enabled in order to ask a question. We will now turn to Joel who will begin the presentation.

JOEL ANDRESS: Thank you very much. Good afternoon everyone. Welcome to the call. My name is Joel Andress and I am the ESRD Quality Measures Lead. I am joined today by my colleagues from CMS, Elena Balovlenkov, who leads the DFC Public Reporting, Dr. Jesse Roach, a Medical Officer and Nephrologist here at CMS, and Sophia Martinez, who leads Post-Acute Readmission measures work and assists on ESRD measures development as well. We are a part of the team that works to maintain and update the Dialysis Facility Compare website and we are glad that you could join us today for our call. Next slide please.

Our continuing goal is to improve upon CMS transparency and communication with the dialysis community through a series of ongoing updates through provider calls. In this effort, we've been expanding the number and content of our national calls to provide you with more information about the measures reported on Dialysis Facility Compare. During our most recent preview period, from July 15th to August 15th, we received a handful of questions regarding the notification provided for updated measures specifications on Dialysis Facility Compare. And so the purpose of this meeting is, one, to review, with the community, the changes that were implemented for the October 2016 release on Dialysis Facility Compare, and then second, to address our effort to increase transparency around the continuing updates of measures in the future. Next slide please.



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Even after CMS finalizes and implements a quality measure, we continue to receive stakeholder feedback regarding its specification and implementation. To ensure we address your concerns, we conduct an ongoing measure maintenance process that allows us to consider additional modifications for our measures.

In response to your feedback, we modified several of our quality measure specifications and submitted them last year to the National Quality Forum for a consideration of consensus endorsement. The standing renal committee at NQF considered these changes and supported their endorsement, which was finalized in 2015. Those measures that were updated in 2015 and that we updated for Dialysis Facility Compare as of the October 2016 release, include our Kt/V Dialysis Adequacy measures, our Vascular Access measures assessing the placement of fistulas and catheters, our Hypercalcemia measure and our Standardized Readmission Ratio or SRR.

This update was undertaken in order to remain consistent with the NQF endorsed standards that had been finalized in 2015. Over the next several slides we will review the changes in these measures effective as of this October. Next slide please.

The first measures we're looking at are the Kt/V Dialysis Adequacy measures. I should note that unless noted otherwise, these changes were made to all of the Kt/V Dialysis Adequacy measures implemented on Dialysis Facility Compare. We initiated several changes. First and foremost, we converted to the use of CROWNWeb as the primary data source for the measures and this actually had several consequences for the measures. For instance, we now no longer use the number of claims that identify treatments for patients in a given month to determine whether or not a patient that's within the denominator of the measure - the so called touch rules.

Instead, we use CROWNWeb to identify patients who have been receiving treatment at a given facility for an entire month in order to define the denominator. This approach eliminates the need to identify the number of treatments a patient receives in a given month, which has been an



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ongoing issue of concern both in this program and for the ESRD QIP. Secondly, because the measures depend on CROWNWeb data they now include all non-Medicare Fee-for-Service patients. Of course, when our measures depended on Medicare claims data only, we were limited to Medicare Fee-for-Service patients in their assessment.

However, we still incorporate claims data for these measures under limited circumstances. We use the claims data to assign Kt/V values to a given facility's patient month, if Kt/V values are not available in CROWNWeb but were submitted via Medicare claims, or if the CROWNWeb data are available but are considered outside of range and the Medicare claims value is not. And we'll address the out of range issue on a later slide.

We incorporate the claims data because we believe it's important to give providers credit where they have documented their quality of care as required by CMS. Next slide please.

Another update to the Kt/V measures was specific to the Pediatric Hemodialysis measure. In response to discussions at NQF, CMS updated our Pediatric Hemodialysis Kt/V measure to align with the Adult Hemodialysis measure. And what that means is that we previously excluded pediatric hemodialysis patients in the measure if they received five or more sessions per week. Following our discussion NQF, we updated the measure to now exclude pediatric hemodialysis patients in the measure if they received four or more sessions per week, which is consistent with adult hemodialysis patients. Next slide please.

And then finally, this isn't properly an issue of measure specification but an issue of measure implementation. We have in the past, excluded extremely high and low Kt/V values that appeared to be erroneous. Following some of the discussions with stakeholders and receiving comments on this issue we have modified these boundaries, eliminating the lower bounds entirely and raising the upper limits to account for reasonable values in certain dialysis modalities. This is not part of the measure specifications, as I pointed out, but this is part of how the measures are implemented on Dialysis Facility Compare. Next slide please.



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The next measures we're going to be looking at are the Vascular Access measures, assessing the placement of fistula and catheters within dialysis patients. Previously, our Vascular Access measures included incident ESRD patients in the denominator. Given the timeline required to initiate grafts and AV fistulas in incident patients, we believed it was reasonable to exclude these patients from the measure in alignment with other quality indicators, such as Kt/V Dialysis Adequacy and Hypercalcemia. As with the other measures, this change was presented to the National Quality Forum and endorsed in 2015. As a side note, the NQF is currently considering new Vascular Access measures for this year, and these may be considered in the future to replace the current Vascular Access measures on DFC. Next slide please.

The Standardized Readmission Ratio, or SRR measure, was updated from our initial round of data from last year. We updated it by excluding readmissions within the first three days following index discharge. This is consistent with the NQF endorsed standard from 2015. It is also consistent with how the measure is currently finalized and operationalized within the ESRD QIP. And this was something we had discussed at length with the community and had received considerable support when we proposed it in the ESRD QIP. And we believe that it's important that it be included in Dialysis Facility Compare as well. Next slide please.

The next measure is our Hypercalcemia measure. The change to this measure was relatively minor. We simply updated the specifications so that missing values in CROWNWeb would be included within the denominator for the measure, so that a facility would be held accountable if it did not provide calcium data for their patients. This was to eliminate a perverse incentive not to submit calcium data as a consequence of this measure. Next slide please.

As I stated earlier, the modifications that we've made to these measures involves a lot of analysis, a lot of work that we've done in conjunction with the dialysis community. And we believe that the modifications that we've made have made them stronger quality measures as a whole.



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However, during our most recent preview period, we did receive some questions about advanced notification of the updating of these measures on Dialysis Facility Compare. After reviewing our communication processes around DFC, we believe that notifying the community about changes to measure specifications and their implementation in DFC is an area in which we can and should improve. This call, in which we've described the measure changes, is the first step towards doing so.

However, we believe additional action should be taken on our part to improve our transparency in communications with you. This year we implemented a new process for presenting new measures we were considering for public reporting on Dialysis Facility Compare. This process allowed for advanced notification, public comments and additional measure suggestions from the community. We believe this process was reasonably successful and well received. We expect that at our annual October National Provider Call, coming up in about a month, we will enhance this process in order to address the following issues: first, measure specification updates will be presented for public consideration and comment in much the same way that we, earlier this year, presented new measures for consideration. We will also be presenting a timeline in process for considering the addition of new measures to the Dialysis Facility Compare star ratings. We will also incorporate, within this process, a timeline for updating the *ESRD Measures Manual* to reflect final changes to the measure set or specifications and that will be updated prior to the beginning of the preview period in which those changes come into effect. Next slide please.

We're going to hand the rest of this call over to questions for the time we've set aside for that. As I mentioned, my colleagues are here. We also have technical support for questions relating to the issues we've discussed here in terms of measure changes.

Before we begin, we ask that you allow time for your fellows to ask questions. If you have follow up questions, please feel free to re-enter the queue and we'll come back to you, time permitting. If you have questions specific to your facility's data or to measure specification



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questions that were not addressed on the call today, we would encourage you to submit these questions to the Help Desk and we've provided a link on the second to last slide of this presentation, for your convenience in doing so.

And finally, while we are aware that we are in rule making for the ESRD QIP, we are not able to respond to questions about the QIP, particularly with regard to the proposed rule, and so we want you to be aware of that before we begin. And with that I will hand it over to Jasmine and we can begin the questions—the question and answer session.

QUESTION AND ANSWER SESSION

MODERATOR: Thank you, Joel. I'll open the line up for questions. If you have a question, you can either raise your hand or you can type your question into the questions box and we can read it aloud. The first question is: Can you clarify what does “patient assigned facility for one month in the Kt/V” mean? What constitutes an assignment?

JOEL ANDRESS: Just a second, let me confer internally and we'll respond momentarily. Okay, thank you. So we use the placement of the patient within CROWNWeb to assign patients to the facilities. We can provide more technical detail with regard to this through the Help Desk if you're looking for greater detail in how that's assigned—the data elements and so forth. But the short answer is that we use the CROWNWeb placement to assign patients.

MODERATOR: Thank you, Joel. The next question is: Is the hypercalcemia value that is included in the denominator going to be corrected or uncorrected calcium?

JOEL ANDRESS: Hello. As has been the case in the past, we use uncorrected calcium to assign a value to hypercalcemia. That's been how the measure has been specified since its inception. We have considered this issue with the Technical Expert Panel in the past. And the assessment of



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that expert panel was that we should remain with the uncorrected value, and so that has not been changed as we've updated the measure.

MODERATOR: Thank you, Joel. The next question is: Can you clarify if these modifications will apply only to the measures as they appear in DFC, or will they also be applied to the measures as they are included in other programs, such as ESRD QIP?

JOEL ANDRESS: So this is an easy one. Any changes to measures that show up in ESRD QIP have to go through the public rule making process. So if we update a measure specification and it merits a substantive change that is something that we will put into the rule and propose before it is implemented within the ESRD QIP. The changes that we make to Dialysis Facility Compare have no bearing in and of themselves for the ESRD QIP, or any of its payment years.

MODERATOR: Okay, thank you Joel. The next question is: Does the Kt/V measure change mean that a patient does not count in the denominator until they have been in a facility for one month? The one treatment is not present anymore.

JOEL ANDRESS: So I think what you're asking me is, this means that a patient is no longer counted against a facility if they are treated one time and then they leave and they're actually a transient patient in that facility. So they have one treatment and they go back to another facility because they will be assigned to the facility where they are receiving treatment on a regular and ongoing basis. If they go and visit one facility for a single treatment they will not be counted in that facility's denominator.

MODERATOR: The next question is: Does the 90-day exclusion for Vascular Access Type apply to the long-term catheter measures? In other words, does the 90-day calculation determine a long-term catheter begin on the day the patient begins dialysis, or are the first three months waived starting the 90-day clock on the 91st day of dialysis?



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JOEL ANDRESS: So to clarify, the patient begins to be included in the denominator after the 91st day of treatment for ESRD. That means that for those first three months, the patient simply will not be included in the measure denominator and then following that, they will be a part of the measure denominator.

MODERATOR: The next question is: Also, in the SRR measure, does this mean that a patient that is discharged and readmitted to a facility, they are not in the numerator for this measure?

JOEL ANDRESS: So I'm not sure I understand the question entirely. I'll tell you what I understand it to be asking and then I will respond to that. I think the question is, if a patient is discharged from a hospital and returns to the dialysis facility and then goes back to the hospital within the first three days of being discharged by the hospital, then they are not included in the measure numerator or denominator. But if they return after those first three days, then they will be included in the denominator and the numerator. The logic here is that though that three-day window allows for sufficient time for all patients to have had one of their regularly scheduled treatments within the dialysis facility. And so, the measure does not include patients who may not have yet been seen by the facility following discharge from the hospital.

MODERATOR: The next question is: Can you tell me if there is a process for emergency disaster requests for DFC data?

ELENA BALOVLENKOV: Hi, this is Elena Balovlenkov. If we have an issue that, say for example, the hurricanes, the storms, that we've actually had some questions this year, that storms that are occurring this year are not going to be reflected in anything that you see in October 2016; but during the time that there is a national event, there is a process by which we have suppression requests that could be identified by the facility relative to any concerns that they have subject to the data that's been submitted and they will be looked at individually. If you have any additional questions or details that you would like about this, please submit it to the Help Desk.



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MODERATOR: Okay, the next question is: As it relates to hospitalizations and readmissions, are all hospitalizations and readmissions counted, or do you not count planned hospitalizations?

JOEL ANDRESS: Thank you, this is Joel again. So for the purposes of the Standardized Readmission Ratio, we do not count planned readmissions against a facility; those are specifically excluded from the numerator of the SRR. And that is consistent with the planned readmission exclusions that are also present in the measure for the ESRD QIP.

MODERATOR: Okay, great. Thank you, Joel. And we just wanted to take a second to make an announcement and let people know that if you are interested in asking a question, there should be a questions box in your dashboard. You can maximize the box to expand it and type your question in there. But the next question is: Adding to my SRR question, I mean, if they are readmitted in that three-day window, that means they are not in the numerator?

JOEL ANDRESS: It means they are not in the numerator, and they are not in the denominator. So they simply don't count towards the patient population included within the measure for that facility.

MODERATOR: Great. Next question is: Why would CMS use corrected calcium to measure hypercalcemia and QSR use total calcium to measure hypercalcemia?

JOEL ANDRESS: I think this is probably a question that we're not really able to respond to in this format. If you can send us the question through the Help Desk we'd be happy to follow up with you as soon as we can.

MODERATOR: Okay, the next question is: How many treatments will transients be counted on the visiting dialysis clinic regarding Kt/V?



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JOEL ANDRESS: To clarify, we're not counting treatments with the measure update. So transient patients won't be counted on the facilities denominator unless they are assigned to that facility in CROWNWeb.

MODERATOR: The next question is: How is the transfusion data collected? Where do the transfusion numbers come from?

JOEL ANDRESS: So we have some fairly extensive documentation on these measures that are available online at DialysisData.org, and you can review them there in our measures section. If you have additional questions, after having gone through that documentation, then I would recommend that you send us a question through the Help Desk and we'd be happy to go through it and explain where the data come from. I think the entire data system would be too much to go into in this call.

MODERATOR: The next question is: Are there efforts by CMS to align the measure specifications in DFC that are measuring similar areas that the QIP uses? For example, would the Kt/V measure specifications used in the QIP for payment year 2018 be the same measure specifications used in 2018 for DFC?

JOEL ANDRESS: So, I think this is a fairly complex question. The answer to this is that the implementation timelines for the programs are different, in part because DFC does not undergo rulemaking. I think we certainly make an effort to align measures, but it is also common practice at CMS that we roll out measures in public reporting formats before we apply them to value-based purchasing formats.

I can say that for the measure, that if you look at the final rule for year payment year 2019 and you look at the measure specifications for the comprehensive Dialysis Adequacy measure you will see that it is aligned with how we are assessing the individual Dialysis Adequacy measures for DFC. And so the same data source changes and alignments are also in place for that measure,

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as of payment year 2019. So yes, there is alignment, but it is not necessarily the case that we will always implement changes to measures at the same time in the programs.

MODERATOR: Okay, Joy, your line is unmuted, you can ask your question. Joy Ochieng, your line is unmuted, you can ask your question. Okay, moving on to the next question: Regarding Kt/V if different values are pulled from CROWNWeb and claims data, which of the two takes precedence if one is adequate and the other is not?

JOEL ANDRESS: I'm sorry. Can you repeat the question? I missed the first part.

MODERATOR: Sure. Regarding Kt/V, if different values are pulled from CROWNWeb and claims data, which of the two takes precedence if one is adequate and the other is not?

JOEL ANDRESS: Give me a second and allow me to confer internally and I'll be right back. Sorry, I just wanted to make sure that I had this right. The source of data for the Kt/V value is CROWNWeb. We only use the claims under the two circumstances that we outlined earlier, which is that the value is out of range as we've defined it, or that the data are missing within CROWNWeb. So we don't compare and then take the highest of the two or something along those lines. We only incorporate the claims data when the CROWNWeb data are missing, or out of range.

MODERATOR: The next question is: For those patients with exhaustive sites, have there been talks about excluding them from the denominator?

JOEL ANDRESS: So let me clarify what I understand the question to be asking. If I'm incorrect, you can come back with another clarification. What I'm understanding you to be asking is, you're asking about whether or not we're excluding patients with exhausted vascular access sites and whether or not we've talked about excluding them from the quality measures for vascular access. That's my understanding, so I'll respond as such.

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As I said, we have two new Vascular Access measures being considered at NQF. Part of the development work did consider this question of exhausted sites and the Technical Expert Panel (TEP) that we convened had some interest in them. I would say, first, that we didn't have a good means of capturing whether or not that's the case within the data we currently have, and so that's something we think we need to look into, but we don't currently have the capacity to do it. And so, for the current measures on DFC and for the future measures that are currently going through NQF, we have not included those exclusions. But they are something that's on our radar. We simply, at this point, don't have any means of capturing them adequately within the available data.

MODERATOR: The next question is, is there a specific formula to calculate the SMR?

JOEL ANDRESS: Yes. Yes, there is a specific formula. But it's fairly involved and complex. I think the answer here is the same as the earlier question for the transfusion ratio, which is that we have documentation available on DialysisData.org that you can review. If you have additional questions beyond that, we also have the Help Desk and can respond to additional questions there and we'd be happy to do so.

MODERATOR: Okay, the next question is: Are observation hospitalizations counted in the SRR? Is it just an inpatient hospitalization that is counted?

JOEL ANDRESS: So interesting question, timely, given the development work that we're doing. Currently, in the SRR, we only include hospital admissions. So ED visits, observations stays and so forth are not included within the readmission ratio or within the hospitalization ratio, although that's not a measure that we're discussing here in particular. We are currently undertaking development of two ED-use measures this year. And they are looking at ED stays as well as observation stays as potential outcomes for care. So that is on our radar certainly, but it's not part of the current measures on DFC.

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MODERATOR: The next question is: Has there been any conversation about including AVGs in with the AVS numbers as patient medical issues may preclude an AVS but they might be eligible for an AVG?

JOEL ANDRESS: Yes. So the short answer is yes. The slightly longer answer is, in the measures that NQF is considering this year—two new vascular access measures—we presented a fistula measure that is standardized and risk adjusted for factors that may result in a not maturing or being inappropriate for a patient. And what that does is it adjusts the facilities performance on that measure based upon those factors, which may make it appropriate to have a graft.

So we have not developed a graft-specific measure, which was considered by the TEP but was not ultimately supported in our development work. But we have incorporated changes into that new measure that would account for circumstances in which a graft may be the appropriate clinical course of treatment for a patient. And those measures aren't on DFC now, obviously. We're waiting for the conclusion of NQF's review of those measures before we make any future decisions about their implementation here or elsewhere.

MODERATOR: The next question is: Please clarify the VAT percentage of hemodialysis patients using AVF with two needles during that last treatment of the month. If a patient has dual AVF/CVC, however AVF is utilized with two needles, does this patient count in this measure? Or is this patient considered CVC?

JOEL ANDRESS: So I think the question is probably beyond my capacity to respond in this format; I apologize for that. I would ask you to submit us a question through the Help Desk and we will look to respond to it. This is an issue that's come up. I just want to make sure that we are understanding the nuances to what you're asking because it can get fairly complex. I watched a room full of technical experts discuss this for several hours and I know there's a lot of detail in it. I want to make sure we get that right when we respond to you.



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MODERATOR: The next question is: Why are the scores from ICH-CAHPS not reported on all units? I have some DFC that show scores and other units that do not.

JOEL ANDRESS: So this comes from the eligibility criteria for the ICH-CAHPS. If a facility does not have enough patients to qualify for receiving the survey, then we don't have data for those facilities, and so we don't have CAHPS data for them. But the data file that we received for the ICH-CAHPS is the same data file that is provided for the same performance period, the same six-month performance periods on the CAHPS measure that are provided to the ESRD QIP.

ELENA BALOVLENKOV: And if you have a question specific to your facility, please submit it through the Help Desk so we can investigate.

MODERATOR: The next question is: For a transient patient who has less than six treatments and do not have any Kt/V, would it count against the facility?

JOEL ANDRESS: The answer is, if that patient is not assigned to that facility within CROWNWeb, then they would not be part of the measure denominator for that facility, and so the fact that you do not have a Kt/V for them would not enter into your measure for that month.

MODERATOR: The next question is: For the SRR measure, how does CMS determine if it is a planned readmission? Also, how is Against Medical Advice determined for an index discharge?

JOEL ANDRESS: Right. So Against Medical Advice is captured through the Medicare claims data from Part A. So that's where that's captured. In terms of the planned readmission exclusions, we maintain at CMS an algorithm which assesses the diagnoses associated with the readmission. And we have, essentially, a list of diagnostic and procedural categories that we have assigned as likely to be a consequence of a planned readmission. And so, if a readmission

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falls within or has one of those codes assigned to it, then it is considered to be a planned readmission for the purposes of the readmission measure.

MODERATOR: Okay. Thank you Joel. We just want to do a quick time check and let everyone know that we have about seven minutes left for questions. So again, if you have a question, feel free to raise your hand or type your question into the question box. Patrick Ayers, your line is unmuted; you can ask your question.

PATRICK AYERS: Oh, great, thank you. My question was around – first of all, can you hear me? Just to make sure.

JOEL ANDRESS: I can hear you. Yes.

PATRICK AYERS: Okay, great. So my question was around the attempt to reduce perverse incentives in hypercalcemia. I know you mentioned that you're going to try to include them in the denominator, but usually, because hypercalcemia is a measure that means that lower is better, getting a number in the denominator without a corresponding number of numerator seems to me it would actually improve your hypercalcemia performance. So I'm wondering if you can provide some example numbers in the numerator/denominator? How do you plan to combat these perverse incentives? Let's say, for example, a facility has two patient months with calcium greater than 10.2 out of 100 total patient months, and now you're going to include these patient months where they missed their hypercalcemia labs, what would be these new numerator and denominator numbers look like in this example?

JOEL ANDRESS: Okay, Patrick. Thank you for your question. So I am not confident in my ability to respond to that off the cuff here on the call. So I'm going to ask you to submit as a Help Desk question. The one thing I do want to clarify on, essentially what happens is if a patient had a missing value, then the patient was excluded from the measure. And now that patient is no longer excluded from the measure if there is a missing calcium value. And the reason that

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combats perverse incentive is, of course, if you don't submit the value, then you simply can't be penalized for that patient. A patient can't count for or against that measure. And so the incentive is that if a facility has a large number of patients who are over the threshold for hypercalcemia, then they could simply not report data on those patients and they would not be penalized as a consequence of that. So that's how that works. If you can submit the Help Desk question, then we will try to get a response to the scenarios. And if you have additional scenarios, obviously, we'll respond to that as well. And I think that will ensure we capture the nuance in your question because I'm not confident in my ability to do it right here, right now.

PATRICK AYERS: Okay, thank you.

MODERATOR: Gisela, your line is unmuted. You can ask your question. Lesleen, your line is unmuted, you can ask your question.

Okay, the next question is: We were wondering what year ICH-CAHPS would be included in the DFC five star ratings found on the DFC report?

JOEL ANDRESS: So that decision has not yet been made. As I said, in the October call we'll be rolling out a process for which we can consider new measures. And any decision regarding the addition of measures for the DFC star ratings would follow that process. I think it's certainly on our minds. And it's certainly been a key feature of the discussions we've had with the star ratings TEP so we're certainly mindful of it, but we just haven't made a final decision about when it's going to be implemented here.

MODERATOR: The next question is: For pediatric facilities with less than 11 patients, does the QIP apply?

JOEL ANDRESS: So I want to clarify, we're not really in a place to ask policy questions about the ESRD QIP. They do have a Help Desk available to ask questions that identify how many

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patients you need in a measure in order to qualify for assessment within it. But I don't want to step on their feet and try to answer their question.

MODERATOR: Okay. We just wanted to let everyone know that we have just one more minute, so we're going to take one more question before we go through the rest of the slides and close the call. So the next question would be: What are the rounding rules for Kt/V for submission to CROWNWeb?

JOEL ANDRESS: The rounding rules for submission to CROWNWeb are not something that I'm familiar with. That's a question that should be directed to the CROWNWeb Help Desk in order to receive clarification. That's not something that I can answer for you.

MODERATOR: Okay, Joel. So that was the last question we will take today. And we have moved on to the next slide for you to close out the call.

JOEL ANDRESS: Okay. Thank you all for your questions. I apologize for those questions which we are not able to answer today. If you have any follow up questions for what's been asked here, please feel free to reach out to the Help Desk, which you can see on the slide here, and we will be happy to get back to you in writing as soon as we can. We certainly appreciate your interest in the topics here. And certainly, we appreciate that there may be other questions outside the scope of this meeting and the Help Desk will give us a way to ensure that we systematically respond to all of your questions and concerns. Next slide please.

As we've noted earlier today, we will have a National Provider Call in October which has become an annual thing for us. We will be providing more details on how our processes are going to change, communicating updates to measures and new measures that we want to consider for implementation in DFC and the star ratings. We hope to see you all there. And we hope that you all have lots of questions for us then as well.

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MODERATOR: Okay, great. Thank you everyone. This concludes today's webinar and, as stated in the chat box, we will be posting the slides and a transcript online. CMS will send a separate announcement once those materials are available. Everyone have a great afternoon. Thank you.

(END)

