



March 24, 2022 - Dialysis Facility Data on Medicare.gov National Provider Call Questions and Answers

The questions below were received during the March 24, 2022, Dialysis Facility Data on Medicare.gov National Provider Call. Questions were submitted to the Centers for Medicare & Medicaid Services (CMS) via the chat box and answered either over the phone during the webinar or subsequent to the webinar by CMS subject matter experts, as part of the question and answer commitment for the remaining submitted questions not answered during the webinar.

Question: How will the no score for ICH CAHPS affected the overall score of the facility?

Response: For the Quality Improvement Program (QIP), if the facility is not eligible for ICH CAHPS, the weight of that measure, which is 15%, would be equally distributed to the remaining domains. So, it shouldn't have a negative impact to the score, the weight is just redistributed.

Question: In the Early 2023 release, will the calculation of Star Ratings be publicly available or only available for preview period recipients?

Response: Based on current projections, CMS is hoping to offer a public release of Star Ratings with the October 2023 planned refresh of the Star Ratings.

Question: There are two slides, I believe 18 and 19, that seem to conflict. One says the early 2023 release will not update Star Ratings, but then the next slide says that the early 2023 release will update Star Ratings. Could you please clarify the difference?

Response: The intent was to point out that Star Rating calculations will be performed and will be used for a dry run or a preview period for facilities only and not for public release with the autumn 2022 planned refresh. Assuming the preview goes well, that public release could be available for public release sometime thereafter.

Question: Will any bell curve methodology be applied to Star Ratings?

Response: The Star Ratings fit a natural symmetric distribution that goes by many names. And the 2019 Star Rating technical expert panel (TEP) recommended actually resetting to the original 10-20-40-20-10 distribution. That distribution is based on the underlying distribution of the Star Ratings.



Question: (follow up question) For example, will 10% of the industry receive a 1-Star rating?

Response: That was the recommendations of the technical expert panel (TEP) on Star Ratings, which included members of the patient community, industry, and other interested dialysis community members back in 2019. And I believe that is the plan, to implement those recommended resets.

Question: Patients often complain about the frequency of the survey. They don't like doing it twice a year and often don't complete one of them. Any plans to decrease the frequency of the survey?

Response: At this time, CMS has no plans to decrease the frequency of the survey. After many analyses, it was determined that an annual survey would lessen the number of facilities that meet the criteria for their data to be publicly reported on Medicare.gov's Care Compare website, and that the survey data would be dated by the time it was actually reported. However, our goal is that by reducing the length of the survey, the burden on patients is decreased.

Question: (follow up question) Are they reducing further? Questions as noted in the slides were t 63

Response: For the ICH CAHPS Survey, we are testing a reduced survey in our mode experiment this fall. The mail questionnaire will have 40 questions and the phone will have 38. Assuming the analyses look good after the mode experiment, then we would need to adopt the shortened survey through rulemaking for the national implementation moving forward.

Question: If we do not receive 30 responses for the ICH CAHPS, what will happen to our score?

Response: 30 completed surveys are needed over the two survey periods that are being publicly reported for a facility's information to be reported in that refresh. If a facility does not have 30 total completed surveys across those two reported survey periods, then the data are not publicly reported; instead, there's a footnote saying that there were not enough data to meet the public reporting requirements.

Question: During the COVID-19 pandemic, the kidney community faced barriers to getting permanent vascular accesses placed. Will data related to vascular access at incidence of dialysis be considered as a metric and be made publicly available?

Response: There are two vascular access measures currently comprising the second domain in the Star Ratings (Standardized Fistula Rate and the long-term catheter rate). Those measures are in the Dialysis Star Ratings. We are receiving ongoing data about current rates of long-term catheter use and fistula rates.



Question: If you don't have enough responses for an ICH CAHPS score and there are no EQRS data, what would be your score?

Response: In terms of ICH CAHPS scores, 30 completed surveys are needed over the two survey periods that are being publicly reported for a facility's information to be reported in that refresh. If a facility does not have 30 total completed surveys across those two reported survey periods, then the data are not publicly reported; instead, there's a footnote saying that there were not enough data to meet the public reporting requirements.

Question: Is there any plan to change the scoring for the ICH CAHPS survey? I've heard that any score below an 8 or 9 are considered a zero and that hurts good scores.

Response: On Care Compare, Top Box scores are the scores that are publicly reported for the 6 measures. Top Box was originally chosen for ICH CAHPS because it easier for consumers to interpret. It is true that for Top Box scoring, a score that isn't a 9/10 receives a 0. For linearized means, this rescoring to 0 is not the case; instead, the average of the score is used. Note that the linearized means are used during the creation of star ratings. We understand your concern with using Top Box and will take it under consideration for the future.

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