

Frequently Asked Questions from Dialysis Facilities About Participation in the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey

The following is a list of frequently asked questions submitted by dialysis facilities to the ICH CAHPS Survey Coordination Team. The End Stage Renal Disease Quality Incentive Program (ESRD QIP) has provided responses to these generalized questions below; if you receive a question which does not align with the questions and responses below, please contact the ESRD QIP mailbox at esrdqip@cms.hhs.gov for additional assistance.

1. What are the eligibility criteria for participating in the End-Stage Renal Disease Quality Incentive Program (ESRD QIP)?

To be eligible for participation in the ESRD QIP, a facility must submit 72x claims and receive reimbursement through the ESRD Prospective Payment System. If a facility does so, its eligibility for scoring on individual ESRD QIP measures is determined on a measure-by-measure basis.

2. What are the eligibility criteria for participating in the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) reporting measure for the PY 2016 ESRD QIP?

Eligibility for scoring on measures for the ESRD QIP is determined based on the number of survey eligible cases a facility treats during the performance period. In order to be eligible for scoring on the ICH CAHPS reporting measure for PY 2016 (the CY 2014 ICH CAHPS Survey), an in-center hemodialysis facility must treat 30 or more survey eligible patients during the performance period, Calendar Year (CY) 2014 (78 FR 72221). The following patients are not eligible for the ICH CAHPS reporting measure: (1) Patients not receiving in-center hemodialysis; (2) patients less than 18 years on the last day of the sampling window for the semiannual survey; (2) patients receiving hemodialysis from their current facility for less than 3 months; (3) patients receiving hospice care; and (4) patients currently residing in an institution, such as a residential nursing home or other long-term care facility, or a jail or prison

Any patient who meets any of the above criteria will not be included in a facility's count toward the patient minimum for the ICH CAHPS reporting measure, whether or not that patient is receiving treatment at the facility at the end of the calendar year.

a. During which calendar year should facilities count the number of survey eligible patients treated to determine whether they will be required to administer the ICH CAHPS Survey?

Facilities should count the number of eligible in-center hemodialysis patients (defined above) served in **CY 2014** to determine whether they are required to administer the CY2014 ICH CAHPS Survey.

3. What is a "survey eligible patient" for the PY 2016 ICH CAHPS reporting measure?

A survey eligible patient for the ICH CAHPS survey is an in-center hemodialysis patient who: (1) is 18 years or older; (2) has received dialysis at his/her current facility for three or more months; (3) is not receiving hospice care; and (4) is not currently residing in an institution, such as a residential nursing home or other long-term care facility, or a jail or prison.

a. Are patients who live in a nursing home included in the ICH CAHPS Survey?

No; patients who reside in a nursing home are not included in a facility's survey eligible patient count for the ICH CAHPS survey.

i. Are patients who receive dialysis in a nursing home but who do not reside in the nursing home eligible to be included in the sample for the 2014 ICH CAHPS Survey for PY 2016?

Yes; survey eligible patients who receive dialysis treatment in a nursing home but do not reside in the nursing home are included in the facility's survey eligible patient count for the ICH CAHPS reporting measure.

ii. Are nursing homes required to administer the ICH CAHPS Survey in CY2014 if they provided hemodialysis to 30 or more patients?

If a nursing home operates an independent dialysis facility that treats 30 or more survey eligible patients who do not reside in a nursing home, then that facility is eligible for participation in the PY 2016 ICH CAHPS reporting measure and is therefore required to administer the ICH CAHPS Survey in CY 2014.

4. What are the ICH CAHPS reporting measure requirements for the PY 2016 ESRD QIP?

For PY 2016, each facility is required to arrange by July 2014 for a CMS-approved vendor to conduct the ICH CAHPS Survey according to CMS specifications, available at <https://ichcahps.org>. Facilities will need to register on the <https://ichcahps.org> web site in order to authorize the CMS-approved vendor to administer the survey and submit data on its behalf.

Each eligible facility must then administer once during CY 2014 via its CMS-approved vendor and, by January 28, 2015, report the survey data to CMS using the specifications on the ICH CAHPS website.

a. I tried to register my CCN on the ICH CAHPS website, but I received an error message and could not register the CCN. The ICH CAHPS Coordination Team investigated and reported that the CCN for my facility does not appear in the master list of CCNs, which is obtained from Dialysis Facility Compare. What can be done so that I can register on that web site and authorize the survey vendor with which we are contracted to administer the survey on our behalf?

We are aware that there are gaps in the Dialysis Facility Compare listing. For that reason, registration of your facility will be handled by contacting the ICH CAHPS Coordination Team at ichcaps@rti.org.

b. What is the survey administration period for the PY 2016 ESRD QIP?

The ICH CAHPS Survey administration period for PY2016 ESRD QIP is the fall of CY2014.

5. Does the PY 2016 ICH CAHPS reporting measure include inpatient hemodialysis care?

No; the ICH CAHPS reporting measure does not include inpatient hemodialysis care. The ICH CAHPS reporting measure evaluates only in-center hemodialysis patient care; therefore, a facility should not count inpatient hemodialysis patients toward their patient minimum for the ICH CAHPS reporting measure.

a. Are hospital-based facilities eligible to participate in the CY2014 ICH CAHPS Survey for PY 2016?

The ICH CAHPS survey is limited to in-center (i.e., not inpatient) dialysis, so hospital-based facilities that only provide hemodialysis to hospital inpatients are not eligible for participation in the ICH CAHPS reporting measure for PY 2016, even though they might possibly be eligible for the QIP. However, if a hospital-based facility also provides outpatient hemodialysis services (i.e. in-center hemodialysis), that facility may be eligible for participation depending on the number of survey eligible patients treated during the performance period, CY 2014.

b. If a hospital contracts with another organization to administer hemodialysis care to its ESRD inpatients, is either party (the hospital or the organization to which they contract hemodialysis services) required to administer the ICH CAHPS Survey?

No; if a hospital contracts with an outside organization to administer hemodialysis to inpatients, neither party is required to administer the ICH CAHPS Survey under the ESRD QIP. The ICH CAHPS Survey is limited to in-center (i.e., not inpatient) dialysis, so inpatient-only facilities are not eligible for participation in the ICH CAHPS reporting measure for PY 2016 even though they might possibly be eligible for the QIP.

c. If a hospital provides outpatient hemodialysis care to its ESRD patients, but the actual hemodialysis treatments are provided by another organization the hospital has contracted with, which organization (the hospital or the organization to which they contract hemodialysis services) is required to administer the ICH CAHPS Survey?

6. Can multiple CCNs that are under one umbrella organization (e.g. a main facility/hospital with satellite facilities/hospitals, each containing its own unique CCN) that each have low patient counts consolidate their separate ICH CAHPS Surveys into one survey?

No; consolidating surveys among multiple CCNs is not permitted. Each CCN that meets the criteria for administering the ICH CAHPS Survey must contract with a CMS-approved survey vendor to administer the survey on its behalf.

7. Is there a cut-off date by which facilities will not be required to administer the ICH CAHPS Survey in CY2014 for PY2016 if they did not receive Medicare-certification by a certain date?

To be eligible for scoring on the PY 2016 ICH CAHPS reporting measure, a facility must have received its CCN on or before January 1, 2014 (78 FR 72221 through 72223).

8. How do facilities that treated 29 or fewer survey-eligible patients notify CMS that they not eligible for scoring on the ICH CAHPS reporting measure for PY 2016?

If a facility treated 29 or fewer survey eligible patients during the performance period, CY 2014, that facility must affirmatively attest to this in CROWNWeb by January 31, 2015 in order not to be scored on the measure. If a facility does not submit this attestation by the specified deadline, it will be considered to have met the survey eligible patient minimum and will be scored accordingly.

a. How do facilities that served 29 or fewer survey-eligible patients in CY2013 request an exemption from participating in the CY2014 ICH CAHPS Survey for PY2016?

A facility is not required to perform the ICH CAHPS Survey for the PY 2016 ESRD QIP if it (1) received its CCN after January 1, 2014 or (2) treats 29 or fewer survey eligible patients during CY 2014 and attests to this in CROWNWeb by January 31, 2015. There are no other “exemptions” to participating in the ICH CAHPS reporting measure.

9. How does a facility report and edit incorrect information submitted in their attestation in CROWNWeb for PY 2015?

If a facility submitted an incorrect attestation regarding its eligibility for the PY 2015 ICH CAHPS Survey, it should submit a formal inquiry to CMS during the PY 2015 preview period this summer requesting a correction that will ensure their facility's final score will be accurate. Please note that, similar to previous years, a facility is permitted only a single formal inquiry during the Preview Period. Therefore, a facility should not submit a formal inquiry addressing this issue alone unless the facility has no further issues with its Total Performance Score (TPS).