

**Centers for Medicare & Medicaid Services  
OASIS-C National Provider Call  
Moderator: Geanelle Griffith  
December 8, 2009  
1:30 p.m. ET**

Operator: Welcome to the Outcome and Assessment Information Set OASIS-C National Provider Call. All lines will remain in a listen only mode until the question and answer session. Today's conference call is being recorded and transcribed. If anyone has any objections you may disconnect at this time. CMS greatly appreciates that many of you minimize the government's teleconference expense by listening to these calls together in your office using only one line. Today, we would like to obtain an estimate of the number of participants in attendance to better document how many members of the provider community are receiving this valuable information. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you're the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number between 2, and 8. If there are nine or more of you in the room, enter 9. Thank you for participating in today's call. I will now turn the conference call over to Ms. Geanelle Griffith. Ma'am you may begin.

Geanelle Griffith: Thank you, Sarah. Hello everyone and welcome to the Outcome and Assessment Information Set, OASIS-C, National Provider Conference Call. My name is Geanelle Griffith, and I will serve as your moderator. This call is the third in a three part series of National Provider Conference Calls on topics related to the OASIS-C. The first two OASIS calls, which were held in October, and November, of 2009, provided information on the OASIS-C changes, impacts on the agencies and highlights of new and revised guidance. Today's call will provide information on process and outcome measures that will be reported on the Home Health Compare and CASPER, reasons behind the development and reporting of process measures, the role of NQF and endorsing measures for public reporting and quality measurement reporting schedule.

The presenters for today's call are Ms. Angela Richard, of the University of Colorado at Denver, Dr. Elizabeth Madigan, from Case Western Reserve University. Ms. Richard and Dr. Madigan are members of the clinical team assisting CMS with the development and refinement of OASIS- C. Also on today's call will be representatives from the Iowa Foundation for Medical Care who will be present to review upcoming changes to the way agencies log onto the OASIS Submission System and CASPER reporting. If time allows, following today's presentation, we will open the line for Q&A and you can ask questions of the CMS OASIS-C subject matter experts at that time. A PowerPoint presentation is posted to the OASIS-C web page at <http://www.cms.hhs.gov/HomeHealthQualityInits/02CMSSponsoredCalls.asp> that page is located on the CMS website. So if you have not done so already, please take that time to download the PowerPoint presentation so you can follow along with the presenters.

I will now turn the call over to Ms. Debbie Terkay, for a few introductory remarks.

Debbie Terkay: Hi, this is Debbie Terkay, from CMS and we are pleased to be able to present this series of three calls. I have had some calls indicating that they perhaps did not register in time and I wanted to announce to everybody that if you've missed either of the previous calls that those materials are being posted as educational resources. Call one materials are already posted and that is an MP3 file of the actual call presentation itself. A transcript is also provided with that as well as the original handouts for the calls remaining on the CMS sponsored call site. We are in the process this week of reviewing the call two materials and will be posting those materials shortly for you to have accessible to you to review. And at that I would like to turn this call over to Angela Richard and Elizabeth Madigan for Quality Measures OASIS-C.

Elizabeth Madigan: Thank you Debbie. This is Liz Madigan, I'm doing the first part of the presentation and Angela is doing the second part. We appreciate the opportunity to share this work with you on quality measurement and reporting. So, on the second slide we have the learning objectives for this

presentation. We really want you to understand the reasons for inclusion of process measures. Some of this was covered in the first call but we also want to review it on this call. The other part that we think is very important is for you to understand the role of NQF in the endorsement process and we're going to spend some time talking about the National Quality Forum, what they do and how they do these measure reviews and endorsement.

Then we're going to talk about the process measures that would be reported on Home Health Compare and CASPER. There were a number of questions submitted about which are going to be on which reports and we intend that we will be answering that as part of this presentation and finally we're going to summarize the major implications of OASIS-C for the quality measurement reporting schedule so you'll understand very clearly what shows up at what time. On the third slide we talk about the goals of OASIS-C and this is more of a review just to help you understand again what the intent was. For process measures in particular, these were identified as important by the industry over a series of 10 years since OASIS was first introduced, but as well there have been other groups like the Medicare Payment Advisory Commission and the Institute of Medicine that have identified process measures as particularly important for home health care mostly because they're under agency control. The other goal was really to give consumers and providers more information about home health care quality. So, really those goals are addressed by using process measures.

On slide 4, we talk about the overview of the impacts. Part of what happened as part of OASIS-C and the development is there are new items that collect data on processes of care. These were discussed in more detail in the first and second calls, but really what this does is really gives the agency the opportunity to calculate how many best practices are used. The other thing to keep in mind is that because some OASIS B1 items were dropped some of the previously reported outcome measures are no longer included on some of the reports and Angela will go into more detail on those as she gets to her part of the presentation.

So the additional process measures, again a quick review, these were recommended by the Medicare Payment Advisory Commission and the National Quality Forum. The intent is really to improve how we understand how health care is delivered and what happens as a result. This is also in line with the Institute of Medicine aims for improving the health care system so not only did the Institute of Medicine MedPAC and the National Quality Forum recommend the development of process measures, they're also the next logical step in the educational process provided by the quality improvement organization under their 8<sup>th</sup> Scope of Work. Beginning in 2002, the QIOs provided a resource for home health agencies giving them guidance and practical tools to improve the care of patients with conditions targeted by such things as the new process item like diabetes, pain, patients with heart failure, patients with falls risk and pressure ulcers. So this is really a logical follow on, not only to the national initiative but also with the quality improvement focused at home health care because really CMS's plan was to identify and acknowledge the agencies that have learned from these resources, responded to the challenges of improving the care they provide and incorporated these care processes into their agency practices.

One of the things that was clearly identified, and I'm on slide 6 now, until now the only home health care quality measures focused on patient outcomes. This is very clearly addressed by the industry because outcomes are not always under the control of the home health agency. We all know that those who provide home health care understand the home environment is variable, patient and care giver adherence to clinical advice varies greatly. There are differences in physician practice patterns and lots of things that influence what happens to the outcome so they're not always under an agency's control. However, the new process items will allow measurement of selected processes of care that really have been identified as particularly relevant for home health care patients. So the information collected in OASIS-C on patient assessment, plan of treatment and evidence-based practices will be used in a calculation of publicly reported measures that recognize agencies that have adopted these evidence-based practices. Thus the agency efforts are recognized and agencies get credit for using the best practices.

Because items about processes such as diabetic foot care and pressure ulcer prevention are incorporated into OASIS-C, clinicians then are reminded and encouraged to use these best practices. In addition, process measures can be helpful to assess the degree to which clinicians are using specific best practices. So maybe your agency has already told clinicians they should be doing a multifactor falls risk assessment. But does your agency know how often it's being done? And do you have an easy way to track whether doing or not doing a falls risks assessment is tied into whether patients have fallen? That's part of the intent of the OASIS-C, to actually allow you to track these kinds of things. You may elect to use this data in your performance improvement systems to increase the use of such practices because the ultimate goal, remember, is to improve patient outcome.

On slide 8, we're talking about sort of the improving care across settings. CMS anticipates these processes will promote the use of best practices across the industry. In addition, however, there are other things from a national perspective that are really important to understand, so one of those is, there are processes called harmonization within CMS. So, for example, data on influenza and pneumococcal pneumonia vaccination are going to be required for all care settings measured the same way. So, the intent is that these data items will promote a systematic cross setting focus on patient immunizations with the expectation that we'll see improved national immunization rates. Likewise, there's alignment with principles from the NQF pressure ulcer framework project. Again, the intent is that this promotes increased consistency and assessment and improved pressure ulcer care across provider settings. The final piece is the CARE instrument, which is the continuity assessment record evaluation. This is the post acute care demonstration project, which is going on that includes multiple post acute care settings using the same kinds of data items to really again promote following patients across settings. So the important point here is to understand that while the process items within OASIS-C are really designed to focus on home health care at present there are elements of OASIS-C process items that really address these larger national initiatives.

On slide 9, as we've just said, the process measures can really be used both to assess adhering to staff by recommended processes and to really provide guidance to agencies about where improvements can be made to improve patient outcomes. Again, one of the intents is to improve patient outcomes and reduce acute care hospitalization.

On slide 10, part of what we talked about here is the discussion about potential use in Pay-for-Performance. There's been discussion about linking reimbursement to the adoption of evidence-based practices in a system known as Pay-for-Performance more often now referred now as value based purchasing. This could be used to potentially link home health reimbursement to improvements and outcomes and the adoption, however, it's not been decided that this indeed going to happen. It's under discussion for future implementation.

On slide 11, we get into the process item domains and this is really to help you understand where these come from. Again, because of the national initiatives on some of these things like timely care and some of these other things that have been identified by the IOM, we really have tried to address the same kinds of process item domains within OASIS-C. So, all the process measures can be classified into one of the seven following domains. These are all interlinked and they follow the care planning and implementation process.

The first is Timely Care, and that's pretty straightforward. Was care provided in a timely manner? Assessment: Was a formal screening done? For example, for pain or for falls risk. Care Coordination: Were patient specific parameters established for notifying the physician of changes in vital signs or other clinical findings? Care Planning: Were appropriate interventions, related to the findings of the assessment, included in the physician-ordered plan of care? Care Plan Implementation: Were interventions related to those identified needs implemented? And finally, Education and Prevention. For Education: Did the patient or caregiver receive education on high risk drugs, as one example? For Prevention: Has the patient received the needed

immunization? So, as we go through the process item measures, you're going to hear us talking about these within the domains and the domains we're talking about are these seven.

Before we get to that, however, we want to talk about the NQF endorsement process and I'm on slide - starting on slide 13 now. The NQF endorsement process is important to understand because a lot of what you see in the OASIS-C measures and whether these are NQF endorsed and publicly-reported comes from this whole process. So as background, the National Quality Forum is a non-profit organization with a membership that includes a wide variety of health care stakeholders including consumer organizations, public and private purchasers so this includes people like CMS and the large insurance companies, physicians, nurses, hospitals, accrediting and certifying bodies, supporting industries, health care research organizations and quality improvement organizations. There are also a number of other groups that represent important stakeholders like the Alzheimer's Association. The NQF endorses national consensus standards for measuring and publicly reporting performance. These are widely now viewed as the gold standard for measurement of health care quality. Once a measure is NQF endorsed it carries the full weight of voluntary consensus standard and can be used by government agencies like CMS for public reporting and quality improvement. So, CMS' goal is to have all publicly reported measures reviewed and endorsed by an accrediting body prior to posting on Home Health Compare. The National Quality Forum endorsed the initial set of home health quality measures for public reporting in 2005, and they make recommendations for future changes including process measures.

On slide 14, we're talking about the process, the NQF Consensus Development Process. So, many of the requirements for validated and standardized screening for example come from the NQF process. This is the process by which NQF achieves consensus and endorses measures. It really is designed to provide consensus from a variety of groups across the health care industry so it's not just people with home health care expertise but also people with expertise in other settings and other kinds of experience to help us really

get the best set of measures possible. And the intent is that we provide endorsement to measures that meet specific criteria.

On the next slide, slide 15, these criteria are described in the next four slides. So first is, Importance to Measure and Report. Performance measures submitted to NQF are evaluated by their steering committees based on these four things. So the first on Importance to Measure and Report is, is this really going to make significant gains in health care quality? And this is where NQF gets into safety, timeliness, effectiveness, efficiency, equity and patient-centeredness. These are sometimes referred to as the CSAC measures.

The other important aspect to consider is does the measure focus on specific high impact aspects of health care where there is variation in performance or overall poor performance. So again, we're not going to be interested in measuring and reporting things that happen to very, very small number of patients when in fact there are high impact measures that need to be evaluated. So the first thing is, candidate measures need to be judged to be important to measure and report in order to be evaluated against the remaining criteria. The second is, Scientific Acceptability of Measured Properties and this is the extent to which the measures, as specified, produce consistent or reliable and credible or valid results about the quality of care when they are implemented. The scientific acceptability piece is an important aspect for NQF endorsement.

Number 3, on slide 17, is Usability. This is the extent to which the intended audiences, consumers, purchasers, providers and policy makers can understand the results of the measure and are likely to find them useful for decision making. Again, this is where things like consumer testing or public reporting comes in, but the intent is that the measure is understandable by people who are not experts in the field.

Finally number 4, Feasibility: This is the extent to which the required data are readily available, retrievable without undue burden and can be implemented for performance measurement. So measures that have not been tested, but

satisfy all the other criteria, may be considered for time- limited endorsement. And we're going to talk more about time-limited endorsement in a couple of minutes, but understand that if they have not been tested but they satisfy the other three criteria they can be considered.

On slide 19, is a very complex slide regarding the NQF Consensus Development Process. We're going to spend just a couple of minutes on this so that you understand that this is indeed a complex process, which really takes into account multiple stakeholders views. So there are multiple steps in the process. First, there's an expert steering committee that really guides and oversees the evaluation process. They use the evaluation criteria to consider the measures, the practices or guidelines that are submitted and to make recommendation. The first call is a public call for steering committee members. So once the committee is seated NQF issues a formal call for measures. In this case the owners or stewards of the measures such as CMS are invited to submit measures for consideration. As part of this, they must agree to provide free public access to measures including the technical specifications if the measures are endorsed by NQF. The measures are then evaluated, they're opened for public comment and NQF has a 30-day public comment period. During this time, anyone can submit comments. You do not have to be an NQF member to submit comments, anyone can submit comments. Both members and nonmembers can make these recommendations about things to be considered and in fact in the OASIS-C development there were a lot of comments submitted. After the steering committee weighs these member and nonmember inputs they would prepare a revised draft report and it's posted for voting by NQF members. Once this is done, then there is a review by a group called CSAC, or the Consensus Standards Approval Committee. Again, this is another group that has a diverse set of stakeholders that represent individuals who are consumers, who are experts in research, who represent payers of both public and private, who represent all kinds of folks to really give us the best sense about what's going on.

What follows this is then the board of directors can provide oversight for the CSAC and they affirm CSAC recommendations. As you can see on the slide, there is an appeals process, which is possible, which then can actually give some sense to the CSAC and for the board and the NQF members to file an appeal. So this maybe more information than you're expecting to hear about the NQF development process but it's important for you to understand that it did indeed, it was a very thoughtful process and it was very thorough and it involved a lot of stakeholders.

On slide 20, we get into the timeline for the OASIS-C NQF endorsement process. In the fall of 2008, measures were submitted for NQF review. Some of these were existing measures that were used in 2005, and were scheduled to be reviewed for maintenance. There were also new measures and that was the OASIS-C measures or measures that had been revised based on changes from OASIS B1 to OASIS-C that were submitted for consideration.

On slide number 21, you'll see that we have the NQF review timeline in the spring of 2009, nine new process measures were endorsed and ten outcome measures that were either new, revised, or existing were endorsed. In the summer of 2009, four additional process measures were endorsed. So measures that have not been tested but satisfy all the other criteria were considered for time-limited endorsement. The time-limited endorsement measures work on a different timeframe cycle of two years versus a three year cycle and so what happens as a result is the time-limited endorsement measures are then tested, which is work that's just beginning and will be submitted for further consideration by NQF. The important point for agencies to understand is that measures that did not receive endorsement would be reported to agencies on your CASPER report so you'll get the information, it will not be on Home Health Compare, but it'll be on your CASPER report.

So on slide 22, now we're going to talk in detail about the process measures.

On slide 23, there are twenty-five process measures total, thirteen will be publicly reported. Like I said, you'll get all of the information on your CASPER report and these represent the seven domains as we talked about earlier.

So for the first one on slide 24, Timely Care - This measure is focused on physician specified date or within two days of referral and this is the percentage of episodes during which the start or resumption of care date is within this timeframe. This measure was brought forward as there is evidence and recommendations that timely initiation of care is important in reducing errors and hand off in transition. And again from a national perspective, timely transition, timely initiation of care is one of the issues that has been recommended by NQF and the Institute of Medicine. This one was NQF endorsed; it will appear on Home Health Compare and as well as on the CASPER report.

On slide number 25, we talk about care coordination and this is the percent of home health episodes of care in which the physician-ordered plan of care establishes parameters for notifying the physician of changes in patient status. This comes from M2250a. It was not NQF endorsed; it will appear on your CASPER report.

On slide number 26, we talk about the four assessment measures. This is the process domain for assessment. These are reported whether specific assessments were conducted at the start or resumption of care. These are all NQF endorsed and they will appear on Home Health Compare. First, is the depression assessment conducted? This comes from M1730 Depression Screening and it's the percent of episodes during which patients were screened for depression using a standardized depression screening tool. We know depressive symptoms are very common among home health care patients and we know they interfere with patient's self-management. This is in part why NQF endorsed this measure because of the importance of depression, screening and follow-up.

On the next slide, slide number 28, we have assessment for multifactor falls risk assessment for patients 65 and over. This measure focuses specifically on patients 65 and older based on NQF's requirement as the research evidence is strongest for patients 65 and over. This is the percentage of home health episodes of care, in which patients 65 and older have had a multifactor falls risk assessment at the start or resumption of care. It is NQF endorsed and it will appear on Home Health Compare and the CASPER report.

Slide number 29, pain assessment conducted. This measure reflects national interest in focus on pain assessment as the vital sign is one example. So it's percentage of home health episodes of care during which the patient was assessed for pain using a standardized pain assessment tool at start or resumption of care.

The last assessment item on slide 30, is pressure ulcer risk assessment conducted? Again, this measure reflects national interest in focus on pressure ulcer prevention and identification. It's a percentage of home health care episodes in which the patient was assessed for risk of developing pressure ulcers at start and resumption of care.

The next on care planning: There are a total of six care planning measures. These report whether specific interventions were included in the physician-ordered plan of care. These are all derived from M2250 the plan of care synopsis and that says, does the physician-ordered plan of care clinic include the following:

So on slide number 32, the first, is depression intervention in the plan of care. This was not NQF endorsed; it will appear on your CASPER report. These follow along with the assessment and screening items. The focus in this case is whether a physician-ordered plan of care includes intervention not just medications but also referral and monitoring of these symptoms on a current plan. So it's a percentage of home health care episodes of care in which patients with depression, symptoms or diagnosis, had a physician-ordered plan

of care that includes interventions such as medication, referral for other treatments or monitoring.

On the next slide 33, we talk about diabetic foot care and patient education in the plan of care. This includes both monitoring and education. It's the percentage of home health episodes of care in which the patient is diabetic and the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper foot care. It was not NQF endorsed, it will appear on your CASPER report.

Slide number 34, falls prevention steps in plan of care. Falls prevention is specific to patient that risk a fall. This is the percentage of episodes of care for which the physician-ordered plan of care includes interventions that mitigate the risk of fall for those assessed to be at risk. This was not NQF endorsed; it will appear on your CASPER report.

Pain interventions and the plan of care, this is for patients who are identified as having pain. It's the percentage of home health care episodes of care in which the current physician-ordered plan of care includes interventions to monitor and mitigate pain. For patients who are identified as having pain and start or resumption of care. It was not NQF endorsed; it will appear in your CASPER report.

Pressure ulcer prevention in the plan of care, this is the percentage of home health care episodes of care in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care for patients assessed to be at risk for pressure ulcers. This measure was NQF endorsed. Again, there is research evidence supporting the effectiveness of interventions in preventing the development of pressure ulcers for a patient at risk. And NQF recognized that and that's why this one was endorsed.

Slide 37, pressure ulcer treatment based on principles of moist wound healing. This is the percentage of home health care episodes of care in which pressure ulcer treatments based on principles of moist wound healing was specified in the plan of care for patients who have pressure ulcers with the need for moist wound healing. It was not NQF endorsed, it will appear on your CASPER report.

The next domain is care plan implementation. There are a total of five of these and all are derived from M2400 the intervention synopsis and one was derived from M1510 heart failure follow-up. For M2400 the stem of the item is since the previous OASIS assessment or the following interventions of both included in the physician-ordered plan of care and implemented. In M1510 the stem of the question is, if the patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment what action(s) has or have been taken to respond.

So we'll go into these in terms of short-term and long-term issues. This is on slide 39. These are based on data collected at transfer and discharge. In response to concerns raised by the commenters and members of the NQF that measures that might not accurately reflect care for longer stay patients, home health care episodes that exceed 60 days or those who require a recertification will not be included in the publicly reported measures on the implementation of evidence-based practices. , the measures on diabetic foot care and education, drug education, heart failure follow-up and pain intervention. Agencies will get information on short-term episodes, long-term episodes and all episodes. Now we'll go into this in a little bit more detail on the next slide.

On slide 40, we give you more specifications so short-term episodes go from start of care/resumption of care to transfer/discharge for a time period less than or equal to 60 days. They do not contain a follow up assessment or recertification. Long-term episodes are longer than 60 days and do contain a follow up assessment or recertification.

On slide 41, we specify further that only measures with short-term episodes will be reported on Home Health Compare. So this ensures that the care processes implemented in the first 60 days are captured and reported. Again, this in response to comments received from the OASIS-C and as well as the NQF process. So your agency reports will include three versions of each one of these measures: short-term, long-term and all episodes. This should give you a lot of information to help you look at how things are working within your agency.

For the first one on slide 42, is depression intervention implemented. This was not NQF endorsed, it's the percentage of home health care episodes of care in which the patient has symptoms or diagnosis of depression for whom the physician-ordered interventions were implemented during the episode of care. Agencies will receive on their CASPER report short-term, long-term and all episode measures.

On slide number 43, we talk about diabetic foot care and patient education. This is the percentage of home health care episode during which diabetic foot care and education is specified during the physician-ordered plan and care was implemented. It was NQF endorsed for short-term episodes so these will appear on Home Health Compare. Agencies will receive short-term, long-term and all episode measures on their CASPER report.

On slide number 44, we're talking about heart failure symptoms addressed. Heart failure is a specific focus in OASIS-C because of its prevalence in acute care hospitalization so there has been a specific measure designed specifically to look at those. This was endorsed for short-term episodes so agencies will see this on Home Health Compare and then on their reports they will receive short-term, long-term and all episodes on their CASPER report. This is the percentage of home health care episodes of care during which patients exhibited symptoms of heart failure for whom appropriate actions were taken. This comes from M1510 heart failure follow-up.

Next, is pain interventions implemented on slide 45. This is NQF endorsed for short-term episodes. This is the percentage of home health care episodes of care during which the patient had pain and pain interventions were included during the care plan and implemented by the end of the episode. Again, agencies will receive information on short-term long-term and all episodes on their CASPER report.

The next one, is treatment of pressure ulcers based on principles of moist wound healing implemented? This was not NQF endorsed, it's the percentage of home health care episodes during which pressure ulcer treatments based on principles of moist wound healing was implemented for patients with pressure ulcers needing moist wound healing.

On slide number 47, we talk about the education process domain. There are two education measures focused on drug education. This is in direct response to national interest in drug education and how important the correct use of drugs are with the treatment of many of the health care issues we deal with in the United States. The first one asks about education on high-risk medications provided at start and resumption of care. This comes from M2010, patient caregiver high-risk drug education. The second one asks about drug education provided during the episode. This comes from M2015 the drug education intervention. Because this happens during the episode, it's calculated separately for short-term and long-term episodes. We will go into each one of these in a little bit more detail.

On slide 48, is drug education on high-risk medication. Again, this is a start and resumption of care item. It's the percentage of patients or caregivers educated about high risk medications at start and resumption of care and instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects and how and when to report problems. This did not receive NQF endorsement. CMS has not yet made a final decision on including in Home Health Compare pending consumer testing. You will however receive these on your OBQI and CASPER reports.

The second one is drug education on all medications provided to the patient and caregiver. This is a transfer/discharge item and it's the percentage of home health care episodes of care during which the patient and caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects and how and when to report problems. This was endorsed for short-term episodes. They will appear on Home Health Compare. Agencies will receive on their CASPER report short-term, long-term and all episode measures.

On the next slide, 50, we talk about the process domain of prevention. This focuses on six measures, two focused on immunizations, two focused on medication safety, one on falls prevention and one on pressure ulcer prevention.

So on slide 51, we talk about influenza immunization received for the current flu season. This was an NQF endorsed measure. The patients who received the influenza immunization for the flu season will appear on Home Health Compare. The CASPER reports will also report patients who were offered and refused vaccination or were determined to have medical contraindication.

On slide number 52, pneumococcal polysaccharide vaccine ever received, this is an NQF endorsed measure. The patients who have ever received the PPV would appear on Home Health Compare. The CASPER report will include patients who were offered and refused PPV or were determined to have medical contraindication. On slide number 53, we talk about potential medication issues. This includes the percentage of patients whose drug regimen at the start or resumption of home health care was assessed for risk of clinically significant adverse effects or drug reaction and whose physician was contacted within one calendar day. This did not receive NQF endorsement. CMS has not made a final decision on inclusion on Home Health Compare pending consumer testing. This will appear on your CASPER report.

On slide number 54, we're talking about potential medication issues identified and timely physician contact. This is the percentage of home health care episodes of care in which the patient's drug regimen during the episode was assessed to pose a risk of significant adverse effects or drug reactions and whose physician was contacted within one calendar day. This did not receive NQF endorsement. CMS has not made a final decision on inclusion on Home Health Compare for short-term episodes pending consumer testing. You will get information on your CASPER report. The difference between the former measure and this measure is the timeframe. The former measure is specific to start and resumption of care and this measure is for transfer/discharge.

On slide number 55, we talk about falls prevention steps implemented. This is the percentage of home health care episodes of care during which the physician ordered interventions to mitigate the risk of falls were implemented for patients that risk a fall. This did not receive NQF endorsement short-term, long-term and all episode measures will appear on the CASPER report. Again, this measure is for transfer/discharge.

And finally, is pressure ulcer prevention implemented. Again, a transfer/discharge item. This is the percentage of home health care episodes of care in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented since the previous OASIS assessment. This is NQF endorsed for short-term episodes. Short-term episodes measures will appear on Home Health Compare. Agencies will receive information on short-term, long-term and all episodes on the CASPER report. So now I'm turning the presentation over to Angela Richards and she will finish the presentation.

Angela Richard: Good afternoon, thank you for joining us on the call. I'd like to talk this afternoon - to start talking about how we use process measure reports and how you can incorporate those into your quality improvement -- performance improvement systems. So, I'll be starting on slide 58. The process quality measure report is intended to complement the OBQI and OBQM reports that you've had available for a number of years. The process measures as we've

discussed today and in other venues expand the domains of measurement available for home health care agencies. The measures assess elements of care that are directly under home health agency control in most cases. Process measure reports can be used to promote the use of specified best practices. For agency performance, quality improvement programs, process measures will be useful as assessment of clinician adherence to evidence-based practices and also as information that can be reviewed in conjunction with specific outcomes. I'll give you some examples of this in a few minutes.

So on slide 59, the process quality measures reports can be used to assess clinician adherence to evidence-based practices, those that are specified within OASIS and agency policy where your policy specifies the use of those best practices. Also, the process quality measure report will provide comparisons to national rates and after the first reporting period a comparison to the adherence rate to the previous reporting period so you will be able to see prior comparisons after the first round of reports.

On slide 60, agencies will want to consider each measure individually to evaluate potential problems with compliance with agency policy. These measures can be useful for identifying needs for staff education or oversight. Let's take the example of an agency with a multifactor falls risk assessment for patients 65 and older. This agency has a rate of 87 percent of patients who did receive that multifactor falls risk assessment compared with a prior rate of 88 percent and a national comparison rate of 89 percent.

On slide 61, then, in this case the agency findings are not significantly different from national rates and prior status or prior rates. However, if the agency policy specifies use of the falls risk assessment for patients 65 and older; you would want to investigate this process quality measure. Why did 13 percent of your patients not have a falls risk assessment? There may be a perfectly valid reason but an agency requiring a falls risk assessment would probably want to investigate this a little further. So how would you do that? Well, review of records, was it done? Was it not documented? Is there documentation that the falls risk assessment was not appropriate for the

patient? That's one way of looking into this process measure in a little bit more detail.

Think of some of the other ways you investigate OBQI outcomes, you can consider using these techniques with process quality measure findings as well. If problems are identified that warrant efforts to improve the compliance rate, the agency will likely want to develop and implement a plan of action. The process quality measure manual will have a sample plan of action form similar to the one in the OBQI manual and we will talk in a few minutes about when those manuals will be available.

On slide 62, here's another example of a process measure. For this one we want to look at how the measure can be investigated in conjunction with outcomes. So this agency had a 74 percent rate of compliance with completing pressure ulcer risk assessments. This is a rate that is statistically significant and lower to those prior and national rates.

On slide 63, this agency may want to review the OBQI report to see if there are related outcome findings that might need to be investigated in conjunction with the process quality measure. So for example, if the agency had a high rate of the OBQM outcome for increase in number of pressure ulcers they would want to consider whether the process measure and the outcomes measure are related. So, is the low rate of patients receiving a pressure ulcer risk assessment directly related to the high rate of increase in pressure ulcers at discharge? What's going on with this, are staff not identifying these at risk patients and implementing preventive measures? There are several process measures like this that may be related to other outcomes, particularly the outcomes of hospitalization and emergency care use and others as well. With OASIS-C and the corresponding outcome reports and process measurement reports, agencies will now have new information to complement the information previously available on the OBQI and OBQM reports.

On slide 64, the recommendations for investigating process measures is very similar to the OBQI process. When you're investigating a process measure, you may need to drill down into the agency level data to look at team or individual clinician patterns. For example, are some clinicians just not comfortable doing depression screening? That might be something to look into if you have lower than expected rates of compliance with depression screening. Agencies also may need to consider contextual factors that may be related. Are there specific physician practice patterns or hospital patterns that are associated with the problem? As has been the recommendation in the past for investigating outcomes, it is recommended that you limit the number of measures you investigate at any one time so that the agency can focus on doing a thorough investigation and doing subsequent follow-up.

On slide 65, along the same lines it is recommended that you use an approach that includes field staff just like it's always been recommended with OBQI. The staff on the ground are frequently able to provide insight on why your reports look the way they do. Techniques for the process quality measure investigation may include, as we've said previously, record review and also brainstorming sessions and other tools that maybe useful for organizing your thoughts such as flow diagrams, etc. What have you used in the past for OBQI and how can you apply the techniques that worked for you when you looked [at OBQI measures], when you just go forward and look at the process quality measures.

On slide 66, the process quality measure investigation then concludes with the development and implementation of a plan of action to improve the use of best practices. Does this look familiar? If your agency has been using OBQI it should. Remember in OBQI you start with an outcome then try to find out which care process has caused the outcomes to occur. The process quality measure investigation is very similar to this OBQI investigation except that you know in advance the specific care process that you are interested in focusing on. After the investigation, a plan of action to increase the use of best practices should be developed and implemented. The plan can address removal of barriers, staff education, consultants, other methods of providing

support for field staff and using the best practices. Do they need additional equipment. Do forms need to be developed or changed? There are a variety of methods that can be used to change practice to improve the rate of compliance with the best practices specified in OASIS. A multi-pronged approach typically works better than just a single approach so consider that as you move forward with your process quality measure investigation.

You also will want to identify and implement ways to evaluate whether the plan is working. Evaluation plans may include spot checks of clinical records. You may include evaluation during your regular clinical record review. You may be able to evaluate the plans with discussions with staff at staff meetings. You may be able to use supervisory visits to help you evaluate whether people are complying with the process quality measure plan. Again, it's very agency-specific but make sure when you're developing a plan of action that there is an evaluation component.

Let's move on to discussion of the OBQI outcome measures, slide 67. As a result of OASIS-C there have been changes to not only process quality -- not only the addition of process quality measures but also to outcome and utilization measures. Just as a quick refresher on outcomes, outcome measures derive from OASIS data report changes in a patient's health status between two or more time points and from OASIS that is measured at start of care and then at transfer or discharge. Utilization outcome suggest but do not unequivocally reflect changes in health status. They are considered to some extent proxy measures of health status changes although we know that they do not always reflect health status changes; most of the time they do.

On slide 69, there are now 37 outcome and utilization items. There are four Utilization Outcomes, 13 End Result Health Outcomes and 20 End Result Functional Outcomes. I am going to go and list these for you over the next few minutes so that you know exactly what is planned for the reports.

On slide 70, these are the 10 publicly reported outcome measures. Some of these measures have undergone refinement in the process of refining the instrument and the need to provide more detail in capturing the ability of patients to improve, And in call number two we went step or item by item through the changes in the item so that's some of those changes in the items that were made so that these particular outcomes could be measured with more specificity. So I'll read the 10 publicly reported outcome measures. Acute care hospitalization and emergency department care without hospitalization are the two utilization measures that will be reported on Home Health Compare. The four functional outcomes that will be reported on Home Health Compare are improvement in ambulation/locomotion, improvement in bathing, improvement in bed transferring, and improvement in management of oral medications. Three health outcomes, these in the past I think were termed physiologic outcomes, will be reported on Home Health Compare, they are improvement in dyspnea, improvement in status of surgical wounds, improvement in pain interfering with activity, and then there will be one potentially avoidable event, increase in number of unhealed pressure ulcers. As was mentioned earlier beyond the measures that are reported on Home Health Compare there will be many additional measures on your OBQI reports.

So we'll go over those starting on slide 71. These are the four utilization outcomes that will be on your OBQI report. Acute care hospitalization, discharged to community and those are familiar to you; emergency department use without hospitalization and emergency department use with hospitalization so you'll have two emergency department use outcomes reported on your OBQI report. And again, the emergency department use without hospitalization will be on Home Health Compare and with hospitalization will be on your OBQI report. Just in case you have not heard about the changes in that particular item, OASIS-C no longer refers to other sorts of emergent type care beyond hospital emergency department use so that's why the name of that measure is a little bit different.

On slide 72, these are OBQI outcome measures that will be reported on your CASPER reports. Ten clinical status improvement measures; improvement in anxiety level, improvement in behavior for problem frequency, improvement in bowel incontinence, improvement in confusion frequency, improvement in dyspnea, improvement in pain interfering with activity, improvement in speech and language, improvement in status of surgical wounds, improvement in urinary incontinence, improvement in urinary tract infection. Those are the clinical status improvement measures following the clinical status improvement domains.

The stabilization measures for clinical status, there are three of them that will be reported. Stabilization in anxiety level, stabilization in cognitive functioning and stabilization in speech and language and this sounds pretty familiar.

On slide 73, there are 12 functional status improvement outcomes; improvement in ambulation/ locomotion, improvement in bathing, improvement in bed transferring, improvement in dressing lower body, improvement in dressing upper body, improvement in eating, improvement in grooming, improvement in light meal prep, improvement and management of oral medications, improvement in phone use and here's the new measure, improvement in toileting hygiene. That will be based on the new OASIS-C toileting hygiene item and that will supplement the improvement in toilet transferring item, which was the old improvement in toileting item. Now it is called improvement in toilet transferring because we have added improvement in toileting hygiene.

On slide 74, are the eight functional status stabilization measures that will be reported. Stabilization in bathing, stabilization in bed transferring, stabilization in grooming, stabilization in light meal prep, stabilization in management of oral medications, stabilization in phone use; here's the new one, stabilization in toileting hygiene and stabilization in toilet transferring.

On slide 75, are the OBQM outcomes which are being renamed Potentially Avoidable Events. So you will see a new name for that report with OASIS-C. There are 12 of these potentially avoidable events. Development of urinary tract infection, discharged to community with unhealed stage II pressure ulcer present for more than 30 days. That is a new one that is based on a new OASIS-C item. Let's see, discharged to the community with behavioral problems, discharged to the community needing toileting assistance, discharged to the community needing wound care or medication assistance.

The list is continued on the next slide 76; emergent care for hypoglycemia and hyperglycemia, emergent care and proper medication administration, medication side effects, emergent care for injury caused by fall. Note that that previously under OASIS B1 that was emergent care for falls and accidents now it just measures injuries caused by falls. The last few measures that will be on those reports, emergent care for wound infection deteriorating wound status, increase in number of unhealed pressure ulcers, substantial decline in three or more activities of daily living and substantial decline in management of oral medications. So those are the measures you will see on your potentially avoidable event reports.

Slide 77, covers the outcome and avoidable event previously OBQM measures that have been dropped for OASIS-C. These have been discontinued because the underlying OASIS items that they were based on have been eliminated in the transition from B1 to C. So, here are the measures that have been dropped. Improvement in cognitive functioning, improvement in housekeeping, improvement in laundry, improvement in number of surgical wounds, improvement in shopping, stabilization in housekeeping, stabilization in laundry, stabilization in shopping, unexpected death and unexpected nursing home admissions. So, those will no longer be reported on the OBQM and OBQI reports that you receive once OASIS-C is implemented. So let's talk for a few minutes about the impact of the change from OASIS B1 to OASIS-C that the impact of that change will have on the reporting schedule.

If you'll move with me now to slide 79, there will be a time lag for public reporting of outcome OBQM, OBQI measures with this transition to OASIS-C. Data must be collected on sufficient numbers of patient episodes before analysis and reporting of measures based on the new OASIS-C data can begin. As has always been the case measures based on patient sample size taken over short periods of time, can be inaccurate and misleading due to issues like seasonal variation and under-representation of long stay home health patients. In addition, you're very unlikely to see statistical significance with very, very small sample sizes.

Once sufficient OASIS-C data have been collected and submitted to the national repository CMS will begin to produce new reports based on OASIS-C. Where the underlying OASIS items have not changed, the measures will be the same as in the current report. Where items have been added or modified there will be new measures and where the underlying OASIS items have been dropped the related measures will be also dropped from the report.

On slide 80, current risk adjustment models for outcome measures are based on OASIS B1 data elements. However, the new data items in OASIS-C are different from the OASIS B1 items. Therefore, risk adjustment models will need to be re-estimated using OASIS-C data. This task will require the acquisition of OASIS-C assessment data for episodes of care beginning on or after the implementation of OASIS-C in January. OASIS-C, OBQM, OBQI or Potentially Avoidable Events now; OBQI and process quality measures those reports will be based on OASIS-C episodes, so for patients with start of care and discharge or transfer -- start of care/resumption of care and discharge or transfer after OASIS-C is implemented starting in January.

The table on slide 81 gives the Home Health Compare and CASPER performance reporting schedule. I want to cover this in a little bit of detail here. First you should note that an upcoming change and a home health care refresh cycle will occur. The current cycle, March, June, September, December will move to January, April, July, and October, as of January 1st, 2010, so that's an important note to make.

The last of the OASIS B1 data will be collected in December of 2009, and reported on Home Health Compare in April of 2010. During 2010, CMS will be collecting outcome and process data and working on new risk adjustment models for the outcome measures. The process measure reports, which do not require risk adjustment, will be available in September, 2010. So these new process quality measure reports will present measures based on the new processes of care items in OASIS-C. It will be available to agencies in September 2010, based on data from January 2010 through June 2010. The first public reporting of the process measures endorsed by NQF are planned to be published in October of 2010. They will be based on the same data period of January through June, 2010.

Risk adjusted outcome reports with the OASIS-C outcomes that we discussed previously will be risk-adjusted using new models developed based on OASIS-C items. Because of the time needed to assemble data and develop the risk adjustment models it is currently anticipated that agencies will receive the first previewed report of risk adjusted OASIS-C outcomes in CASPER reports, May of 2011, based on data March 2010 through February 2011. In June 2011, you will receive the risk-adjusted outcomes for data April 2010 through March 2011. Public reporting of those NQF endorsed risk-adjusted OASIS-C outcomes is planned to start in July 2011, based on April 2010 through March 2011 data.

If you can then move with me to slide 82, as I mentioned, the former OBQM or adverse event reports now will be called Potentially Avoidable Event reports. These will present data on adverse events based on OASIS-C. CMS has decided to develop risk adjustment models for these measures. Since new models need to be developed, reports are likely to come out on the same schedule as the OBQI reports, the risk adjusted outcome reports, starting May of 2011.

Slide 83 provides some links to some useful websites. Description of the revised quality measures and drafts of the revised report formats will be posted on the CMS website.

Slide 84, other manuals are also being developed and/or updated. The new process measure manual is in sort of the final developmental phase and will be posted soon on the CMS website. The OBQI and OBQM reports are being revised to incorporate OASIS-C language that's relevant to OASIS-C including new updated sample reports. In addition, other modifications, other updates are being made just to make them current. There will be a switch from old manuals to new manuals on the CMS website with the plan for B1 materials to be archived. So they would be available but the old manuals will be under a different archive link. And I believe that is the information on what we've included at this point and now I'd like to turn it over to Marni Bussell, and Erin Harris, from the Iowa Foundation for Medical Care. I believe they have a few issues to cover at this point and they will start on slide 85.

Erin Harris: Good afternoon everyone, this is Erin Harris at the Iowa Foundation for Medical Care and along with me is Marni Bussell. We just wanted to take a couple of minutes of your time today to quickly walk through an upcoming change that will be rolling out beginning in February of 2010. CMS will be changing the way that agency users login to the OASIS Submission System as well as CASPER Reports. Today, any user who submits assessment files or accesses and runs reporting, use a shared agency log in ID and that log in ID is typically used by multiple people. What we will be doing in the upcoming months is we will be transitioning away from that shared ID and moving to individual user IDs where each person who submits for an agency will have their own user ID. Once the security changes are deployed to your state you will no longer be able to access the OASIS Submission System using that shared agency log in ID. What will happen is, your OASIS state welcome page will be updated to include an OASIS individual user registration link. Agency users will click on that link and go through a registration process, which will only take a few minutes. You'll enter in things like your name, phone number, email address and password along with responses to three

security questions. Once you have completed entering that information you'll be presented with a page that gives you your brand new individual HHA user ID. Once you have that ID you can begin submitting assessment files immediately.

Again, we're looking to begin to roll out this process in February 2010, the roll out process will be rolling out to clusters of states and they'll be rolling out about every two to three weeks. We look to end the conversion at the end of July, beginning of August. As we move closer to the roll out time at the end of February, you will see updates posted on the OAIS State Welcome Page as well as the QIES Technical Support Office (QTSO) website. Those updates will include detailed information about the registration process itself as well as helpful hints and tips on how to use the registration link and your new ID. I think that that's all that we really wanted to say. At this point we just want to make sure that we're giving folks a heads up that there's changes coming and more information will be posted over the course of the next few weeks.

Geanelle Griffith: Thanks Erin.

Erin Harris: Thank you.

Geanelle Griffith: This is Geanelle. Sarah, we will now open the lines up for questions and answers. Before we begin the question and answer session I much ask that everyone limit your questions to one so that we can get as many questions in as possible and also I'd like to remind everyone that this call is being recorded and transcribed so please state your name and the organization in which you represent prior to asking your questions. Sarah, you may now open the lines for questions and answers.

Operator: We will now open the lines for a question and answer session. To ask a question please press star followed by the number one on your touch tone phone. To remove yourself from the queue please press the pound key.

Please state your name and organization prior to asking a question and pick up your handset before asking your question to ensure clarity. Please note, your line will remain open during the time you are asking your question so anything you say or any background noise will be heard in the conference. Your first question comes from the line of Sharon Hunter, your line is open.

Sharon Hunter: Yes hello. On the immunization providing, I work with my public health nurse here but for most public -for most home health agencies how are we expected to obtain vaccines that we provide to our patients?

Debbie Terkay The question for the measure is based on did the patient get it or not, it's a national public health measure and it's not about how did I get the vaccine or not, it's did the patient get the vaccination or not. Did your agency give it and if not why not?

Sharon Hunter: Okay, thank you.

Geanelle Griffith: Next question Sarah.

Operator: Your next question comes from the line of Dorothy Herbert, your line is open.

Dorothy Herbert: Yes, I have questions regarding what changes are going to be made to the surgical wound question.

Pat Sevast: We've eliminated the question for the number of surgical wounds and the existing surgical wound question. Is there something in particular that you're referring to?

Dorothy Herbert: So, we're not going to have a question about surgical wounds at all.

Pat Sevast: No, no we still have an improvement in the status of surgical wound that stays the same.

Dorothy Herbert: So if it's an existing AV-shunt that stays the same then we're never going to be able to show an improvement in that.

Pat Sevast: There has been no change to this item.

Dorothy Herbert: Thank you.

Geanelle Griffith: Next question Sarah.

Operator: Your next question comes from the line of Suzanna Corsinchia, your line is open.

Suzanna Corsinchia: Good afternoon. My question is, I've heard that we compare the outcome and assessment measures at time points such as start of care and discharge or transfer, will there be any comparison in any of the measures you mentioned between the start of care and the recertification for the particular patient.

Debbie Terkay: No, we do not have any plans at this moment for capturing the recertification period.

Suzanna Corsinchia: Thank you.

Geanelle Griffith: Next question Sarah.

Operator: Your next question comes from the line of Yuria Wuzati, your line is open.

Geanelle Griffith: Hello, take your phone off the mute if you'd like to ask the question.

Operator: Ms. Wuzati, your line is open.

Geanelle Griffith: Okay next question Sarah.

Operator: Your next question comes from the line of Patty Klinefelter, your line is open.

Patty Klinefelter: We were wondering if you received a referral but we're not able to open within 48 hours and received a physician's order saying that's okay, how that would be answered in the referral date question?

Pat Sevast: So basically, this is Pat, so basically you have a change to your anticipated start of care date.

Patty Klinefelter: For example you have PT, you get the referral, they are discharged from the hospital Friday, but you don't have a PT on the weekend and you tell the physician we cannot open this case on the weekend but I can do it Monday and he says okay, do you put -- do you change the referral date for that because you got the approval of the physician?

Pat Sevast: No that would be a change in the physician-ordered start of care date. Your referral date is still the same. Your decision to ask for a change is based on your agency's limited services, so you would be getting permission from the physician to change the start of care date.

Patty Klinefelter: So would that be considered a bad outcome then because you got the order or not?

Pat Sevast: Well you're just changing the date so your process measure would be okay because you would have a different anticipated physician-ordered start of care date. You would have a new date approved by the physician.

Patty Klinefelter: Okay thank you.

Operator: Your next question comes from the line of Maureen Matrass, your line is open.

Maureen Matrass: Yes hello. I appreciate the information on the NQFs involvement in process measures, so my question really stems from the 2250 plan of care synopsis because based on CMS information you are not allowed to answer yes to those synopsis questions A through F unless you do notify the physician after the initial evaluation. So, how does that - I could see that - to me there is a disconnect, like how am I going to show that I am endorsing and doing process measures and I am implementing diabetic foot care assessment and depression screening, if I have to answer no because I did not notify a physician.

Pat Sevast: Well, the plan of care synopsis is about recognizing that you have developed a plan of care in conjunction with the physician and putting that on the plan of care prior to sending it to the physician so the recognition in 2250 is that you did discuss the plan of care with the physician and got specific orders for diabetic foot care and depression intervention.

Maureen Matrass: And I understand that, but my question to expand on this question is, there are times where I have a 485 plan of care that I'm sending to the physician and I wouldn't necessarily need to call the doctor on that and discuss that, they understand and I have it on a 485 that's going to be -- a plan of care that's going to be signed within 30 days. So, my point is that there are going to be a lot of times, I don't need to call the physician and I'm still going to have a bad process measure reflected because I did not need to call the physician, do you follow me.

Pat Sevast: I kind of follow you yes. So you're going to have to answer no because you didn't specifically discuss it with the physician. The whole purpose of the best practice is to really address the issue specifically with the physician, so if you're not doing that then you're not going to mark yes.

Maureen Matrass: I can see that if according to your agency policy you have somebody with a depression on the PHQ-2 scale that comes out as a four or greater so they're a high risk or somebody that has a high fall risk or somebody that has severe pain on a scale of 7-10 from 0-10 so I can understand your point of needing to call the physician, but there are going to be plenty of times I do not need to call the physician. I am going to put my agency practices into place. My only point is, there's a disconnect between a National Quality Forum process measure that's going to come out as a good measure -- a good outcome measure or a process measure but I'm not going to have those because I have a no, that's just my point.

Debbie Terkay: Your point is taken in your reference to the NQF. The NQF endorses what they believe pertinent for public reporting. They don't believe that this plan of care synopsis measure should be publicly reported.

Maureen Matrass: There are some -- pressure ulcer also is, she just went through that. Pressure ulcer also is publicly reported, it's NQF endorsed so there's going to be particular ones that we're really going to have hone in on to make sure that we call the physician if we have a pressure ulcer to let them know that we want to provide interventions when before we would never have done that.

Pat Sevast: Are we talking about 2250?

Maureen Matrass: Yes.

Pat Sevast: The plan of care synopsis.

Maureen Matrass: Yes.

Pat Sevast: Okay if its at the end of care -- was the treatment based on principles of moist wound healing, that is not a publicly reported measure.

Maureen Matrass: 2250 is start of care. 2400 is transfer and discharge. So 2250, if I'm reading this right, pressure ulcer also -- prevention and plan of care is NQF endorsed on 2250; that is your slide 36.

Debbie Terkay Well I would suggest you focus your care best practices on what's publicly reported.

Pat Sevast : I think, you know, your point is well taken, but from our perspective in terms of our focus on the outcome quality for the patient we're looking at the communication with the physician and the development of a patient specific care plan. So, if you're not doing that then you can't answer yes to the process measure.

Maureen Matrass: Right, and I understand that and again, I just need to reiterate that there are a lot of things in interventions that home care agencies are doing and will do but they will be answering no to that question because the 2250 question to really say was the physician notified? Thank you.

Debbie Terkay: Okay thank you.

Pat Sevast: Next question Sarah.

Operator: Your next question comes from the line of Irene Cole, your line is opened.

Irene Cole: Hello, I have - I think I have a couple of questions but regarding your slide 81, some of the data set came out regarding the CASPER reporting schedule. The first is, our current OASIS B1, would you confirm that this month is the last we're going to see of the OBQI report for OASIS B, is that true?

Debbie Terkay Well, the data, hold on a second.

Pat Sevast: The last you receive an OBQI report?

Irene Cole: Yes, it says date available, on the first line it says 12/09, so is this month the last time we're going to see a CASPER report for OASIS B.

Pat Sevast: No, the reporting period for that data period is 10/2008, through 09/2009, so if you look at your OASIS data final for the year would actually be one month prior to the April posting on Home Health Compare.

Irene Cole: Okay, and then -

Debbie Terkay: Are you still there. Hello. You're cutting in and out. Yeah it's very static here and we didn't - there was sort of a dead space - silence.

Irene Cole: We're on a conference phone so I don't have an answer for you, can you hear me okay now.

Pat Sevast: Yes.

Irene Cole: Yes. Okay so my last question is, I don't think I heard correctly so correct me if I'm wrong, it sounds like for risk adjusted outcomes for OASIS-C we will be getting the risk adjustment models in June of 2010 but according to this table we would be seeing the actual data in 2011.

Debbie Terkay: Let me clarify that. The process measures will be the first report that agencies receive. The process measures data will be six months worth of data in June 2010 that report would be available to you in September of 2010. Process measures do not require risk adjustments methodology applied to them.

Irene Cole: I am clear. I am talking about the, I think there are 10 you said, that are risk adjusted so I'm asking about that. When are the risk adjustment models going to be published and when will we see that data?

Debbie Terkay: You will not see that data until May 2011, and that's on the slide 81.

Irene Cole: Yes, and what about the risk adjustment model.

Debbie Terkay: The risk adjustment model would have been applied to that data. I don't know - I don't have a specific deadline of when we can publish that model but it would be available by the time of the actual report.

Irene Cole: Great, thank you very much.

Operator: Your next question comes from the line of Tara Lawrence, your line is open.

Tara Lawrence: Yes, I kind of have a follow-up on the first; I'm a little confused on the OASIS B data, so the final - the date of report on slide 81, from 10/2008 to 09/2009 will be available in January, 2010. What I wanted to follow-up on, will we still get a following report of the data from 10/2009, to 12/2009?

Debbie Terkay: On the third line where it says OASIS B1 Home Health Compare April, 2010 and it covers the data period of January, through December, so it will cover the entire year of 2009. What's missing in the grid is that there would be a CASPER report associated with that in March, of 2010.

Tara Lawrence: Okay great. And my second was the process measures, I see we will start getting that Home Health Compare on the OASIS process measures October 2010, and would it be the assumption that they would be continuing quarterly thereafter?

Pat Sevast: Yes.

Tara Lawrence: Okay, thank you.

Geanelle Griffith: Sarah, we have time for one more question.

Operator: Your last question comes from the line of Diana Roberts, your line is open.

Diana Roberts: Hi. I just was wondering what the website was for the downloads for the day. I'm sorry I didn't get it all.

Geanelle Griffith: It's [www.cms.hhs.gov/homehealthqualityinits/02\\_CMSsponsoredcalls.asp](http://www.cms.hhs.gov/homehealthqualityinits/02_CMSsponsoredcalls.asp) .

Diana Roberts: Okay, thank you so much.

Geanelle Griffith: Thank you. Now Debbie, I'm going to - actually do you have any last announcements that you like to make before we end today's call?

Debbie Terkay: I have no further announcements.

Geanelle Griffith: Okay. Well would like to thank everyone for joining us today and for your participation in the question and answer session. A transcript of today's call as well as the audio file would be made available or will be made available at least two weeks after today's call and you can find that information on the website I have just given on the CMS website. I'd like to thank everyone including our subject matter experts and have a great day.

This transcript has been edited for spelling and grammatical errors.

Operator: This concludes today's conference call, you may now disconnect.

END